ICTS | Institute for Clinical & Translational Science
AT THE UNIVERSITY OF IOWA

University of Iowa
Institute for Clinical and Translational Science

Project PREVENT   `PID 9075`

📖 Codebook ▾

📖 Data Dictionary Codebook
12/31/2020 10:54am

∧ Collapse all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **Screening Form** (screening_form) 💬 Enabled as survey ∧ Collapse			
1	record_id	Record ID	text
2	languages	Display Language	dropdown 1 English 2 Español Field Annotation: @p1000lang{"English":"English","Español":"Español"} @HIDDEN
3	screendt	Screen date complete *sf2354*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
4	survey_text_screening_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Interest Form ","surveyinstructions":"Thank you for your interest in PReventing Emerging infections through Vaccine EffectiveNess Testing (Project PREVENT). The project is a CDC-funded effort to learn more about the effectiveness of COVID-19 vaccine and how health care personnel respond to illness during the COVID-19 pandemic."},"Español":{"surveytitle":"PREVENT - Formulario de interés","surveyinstructions":"Gracias por su interés en el Proyecto Prevenir infecciones emergentes mediante el testeo de la efectividad de las vacunas (Proyecto PREVENT). El proyecto es un esfuerzo financiado por los CDC para averiguar más sobre la eficacia de la vacuna contra la COVID-19 y sobre cómo el personal de salud responde a la enfermedad durante la pandemia de COVID-19."}} @HIDDEN

5	screening	You have received this link because you have been tested for COVID-19. We are enrolling some people who have COVID-19 and some who do not—you do NOT need to have COVID-19 to participate. You may be eligible to participate whether or not you have received the COVID-19 vaccine. As part of this project, we will not be giving you vaccines. If you are eligible, project participation will require 2 surveys and documentation of any healthcare related to your illness. All information you provide will be kept strictly confidential, and it will not be available to your employer, supervisor, or anyone outside the project team. You will be compensated for your time, and your participation will last approximately 4-6 weeks. Based on your understanding of this project, would you like to continue with the screening process? *sf1654*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @p1000lang{"Español":" Le hemos enviado este enlace porque se ha realizado una prueba para detectar COVID-19. Estamos inscribiendo a algunas personas que tienen COVID-19 y a algunas que no. No es necesario que usted tenga COVID-19 para poder participar. Algunas de las personas inscriptas habrán recibido una vacuna contra la COVID-19 y algunas no habrán recibido esta vacuna. Como parte de este proyecto, no le daremos ninguna vacuna. </p> Si usted es elegible, para participar en el proyecto deberá realizar 2 cuestionarios y proporcionar documentos relacionados al cuidado que recibe por esta enfermedad. Toda la información que usted proporcione será estrictamente confidencial y no estará disponible para su empleador, supervisor ni cualquier persona que no pertenezca a nuestro equipo. Recibirá una compensación por su tiempo, y su participación durará entre 4 y 6 semanas, aproximadamente. <p style=\"font-weight:normal;font-size:75%;\"></p> Teniendo en cuenta lo que sabe sobre este proyecto, ¿le gustaría continuar con el proceso de selección?"} @p1000answers{"Español":{"0":"No","1":"Sí"}}
6	hcp_status Show the field ONLY if: [screening_arm_1][screening] ="1"	Section Header: Are you currently working in a hospital, health care facility, or providing health care in any capacity? Please answer "yes" if you provide healthcare, work in a healthcare facility, if your educational program includes time in a healthcare facility, OR if you volunteer in a health care facility. *sf1598_eip7*	yesno, Required 1 Yes 0 No Custom alignment: LV
7	wrkhome Show the field ONLY if: [screening_arm_1][screening] ="1"	In your role in healthcare, do you work exclusively from home (defined as working from home every day for a 2-week period before your recent illness or COVID-19 test)? *sf2547*	radio, Required 1 Yes 0 No Custom alignment: LV
8	cov_test Show the field ONLY if: [screening_arm_1][screening] ="1"	In the last 60 days (including today), have you been tested for COVID-19 by nasal, nasopharyngeal, or oral testing (taking a sample from your nose, throat, or saliva)? *sf1653_eip9/10*	radio, Required 1 Yes 0 No Custom alignment: LV
9	swab_result Show the field ONLY if: [screening_arm_1][screening] ="1"	Did ANY of your tests during your current/recent illness show that you have COVID-19 (e.g., the test is "positive", or SARS-CoV-2 was "detected")? *sf2987_eip10a*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
10	covdt Show the field ONLY if: [screening_arm_1][screening] ="1"	On what date was your COVID-19 test? If you have had more than one test, please list the date of your first positive COVID-19 test (if you have one) or your most recent negative COVID-19 test, if you have had more than one. *sf1922*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
11	days_since_test	CALCULATION: Days since positive or most recent negative COVID-19 test	calc Calculation: datediff([covdt],[screendt], "d") Field Annotation: @HIDDEN-SURVEY

| 12 | prevcovdx

Show the field ONLY if:
[screening_arm_1][screening]="1" | Have you been diagnosed with COVID-19 before your recent COVID-19 test (before [screening_arm_1][covdt])?
sf1698 | yesno, Required

| 1 | Yes |
0	No	 Custom alignment: LV
13	two_b4_test	CALCULATION: Two weeks before test	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([covdt], -14, 'd')
14	prevcovdx_confirm Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][prevcovdx] = "1"	During your previous COVID-19 diagnosis (before [screening_arm_1][two_b4_test]), how did you know that you had COVID-19? [select all that apply] *sf2121*	checkbox, Required | 1	prevcovdx_confirm___1	Nasal, nasopharyngeal, or oral test (from testing a sample from your nose, throat, or saliva)
2	prevcovdx_confirm___2	Blood test
3	prevcovdx_confirm___3	A health care professional told me I had COVID-19, but I did NOT have any test
4	prevcovdx_confirm___4	I think I had COVID-19, but I was never tested	 Custom alignment: LV
15	priorenroll Show the field ONLY if: [screening_arm_1][screening]="1"	Have you been enrolled in Project PREVENT (this project) before? *sf2345*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
16	priorenroll_complete Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][priorenroll] = "1"	Did you complete all Project PREVENT activities (including the final follow-up survey 6 weeks after your initial symptom began)? *sf1187*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV

17	cov_sx Show the field ONLY if: [screening_arm_1][screening] ="1"	At the time you were recently tested for COVID-19 (on [covdt]), did you have any of the following symptoms? [select all that apply]Please consider your "recent test" to be your first positive COVID-19 test if you have one, or your most recent negative test if you have had multiple tests and all tests have been negative. *sf1652*	checkbox, Required

16	cov_sx___16	Abdominal pain
19	cov_sx___19	Bruised toes or feet
6	cov_sx___6	Changes in my ability to smell or taste
10	cov_sx___10	Chest pain or chest tightness
7	cov_sx___7	Chills
2	cov_sx___2	Cough
15	cov_sx___15	Diarrhea
18	cov_sx___18	Fatigue (unusual feeling of tiredness)
4	cov_sx___4	Fever (greater than 100°F or 37.8°C)
9	cov_sx___9	Headache
17	cov_sx___17	Loss of appetite
5	cov_sx___5	Myalgia (muscle aches)
14	cov_sx___14	Nausea (sick to your stomach) or vomiting
12	cov_sx___12	Rhinorrhea (runny nose)
8	cov_sx___8	Rigors (sudden feeling of cold with shaking)
3	cov_sx___3	Severe respiratory illness including pneumonia
1	cov_sx___1	Shortness of breath or difficulty breathing
13	cov_sx___13	Sinus or nasal congestion
11	cov_sx___11	Sore throat
0	cov_sx___0	None of the above

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "0"

18	cov_twowk_sx Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][cov_sx(0)]="1"	In the 2 weeks after your recent COVID-19 test on [covdt] (or until today, if your test was less than 2 weeks ago), have you had any of the following symptoms? [select all that apply] *sf3241*	checkbox, Required

16	cov_twowk_sx___16	Abdominal pain
19	cov_twowk_sx___19	Bruised toes or feet
6	cov_twowk_sx___6	Changes in my ability to smell or taste
10	cov_twowk_sx___10	Chest pain or chest tightness
7	cov_twowk_sx___7	Chills
2	cov_twowk_sx___2	Cough
15	cov_twowk_sx___15	Diarrhea
18	cov_twowk_sx___18	Fatigue (unusual feeling of tiredness)
4	cov_twowk_sx___4	Fever (greater than 100°F or 37.8°C)
9	cov_twowk_sx___9	Headache
17	cov_twowk_sx___17	Loss of appetite
5	cov_twowk_sx___5	Myalgia (muscle aches)
14	cov_twowk_sx___14	Nausea (sick to your stomach) or vomiting
12	cov_twowk_sx___12	Rhinorrhea (runny nose)
8	cov_twowk_sx___8	Rigors (sudden feeling of cold with shaking)
3	cov_twowk_sx___3	Severe respiratory illness, including pneumonia
1	cov_twowk_sx___1	Shortness of breath or difficulty breathing
13	cov_twowk_sx___13	Sinus or nasal congestion
11	cov_twowk_sx___11	Sore throat
0	cov_twowk_sx___0	None of the above

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE='0'

19	coughstartdt Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(2)]='1' or ([screening_arm_1][cov_sx(0)]='1' AND [screening_arm_1][cov_twowk_sx(2)]='1'))	On what date did your cough start? *sf1234*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

20	coughend Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(2)]='1' or ([screening_arm_1][cov_sx(0)]='1' AND [screening_arm_1][cov_twowk_sx(2)]='1'))	Has your cough ended? *sf1243*	yesno, Required 1 Yes 0 No Custom alignment: LV

21	coughenddt Show the field ONLY if: [screening_arm_1][screening]="1" and (([screening_arm_1][cov_sx(2)] = "1" OR ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(2)]="1")) AND [screening_arm_1][coughend] = "1")	On what date did your cough end? *sf3251*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

22	cough_date_warn Show the field ONLY if: ([screening_arm_1][coughstart dt]<>"" and [screening_arm_1] [coughenddt]<>"" and datediff ([screening_arm_1][coughstart dt], [screening_arm_1][coughe nddt], "d", "mdy", true)<0)	The cough end date occurs BEFORE the cough start date. Please review and update your cough symptoms dates.	descriptive
23	feverstartdt Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][c ov_sx(4)] = "1" OR ([screening_ arm_1][cov_sx(0)] = "1" AND [s creening_arm_1][cov_twowk_s x(4)]="1"))	On what date did your fever start (greater than 100°F or 37.8°C)? *sf2254*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE
24	feverend Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][c ov_sx(4)] = "1" OR ([screening_ arm_1][cov_sx(0)] = "1" AND [s creening_arm_1][cov_twowk_s x(4)]="1"))	Has your fever ended? *sf1354*	yesno, Required 1 Yes 0 No Custom alignment: LV
25	feverenddt Show the field ONLY if: [screening_arm_1][screening] ="1" and ((([screening_arm_1] [cov_sx(4)] = "1") OR ([screenin g_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk _sx(4)]="1")) AND [screening_a rm_1][feverend] = "1")	On what date did your fever end? *sf2167*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE
26	fever_date_warn Show the field ONLY if: ([screening_arm_1][feverstart dt]<>"" and [screening_arm_1] [feverenddt]<>"" and datediff ([screening_arm_1][feverstart dt], [screening_arm_1][feveren ddt], "d", "mdy", true)<0)	The fever end date occurs BEFORE the fever start date. Please review and update your fever symptoms dates.	descriptive
27	sxstart Show the field ONLY if: [screening_arm_1][screening] ="1" and ([screening_arm_1][c ov_sx(1)] = "1" or ([screening_a rm_1][cov_sx(0)] = "1" AND [sc reening_arm_1][cov_twowk_sx (1)] = "1") or [screening_arm_ 1][cov_sx(3)] = "1" or ([screeni ng_arm_1][cov_sx(0)] = "1" AN D [screening_arm_1][cov_two wk_sx(3)] = "1") or [screening_ arm_1][cov_sx(5)] = "1" or ([scr eening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_t wowk_sx(5)] = "1") or [screenin g_arm_1][cov_sx(6)] = "1" or ([s creening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][co v_twowk_sx(6)] = "1") or [scree ning_arm_1][cov_sx(7)] = "1" o r ([screening_arm_1][cov_sx (0)] = "1" AND [screening_arm_ 1][cov_twowk_sx(7)] = "1") or [screening_arm_1][cov_sx(8)] = "1" or ([screening_arm_1][cov_ sx(0)] = "1" AND [screening_ar	On what date did your FIRST symptom start, other than a cough or a fever? *sf3367*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

m_1][cov_twowk_sx(8)] = "1") o
r [screening_arm_1][cov_sx(9)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_
arm_1][cov_twowk_sx(9)] =
"1") or [screening_arm_1][cov_
sx(10)] = "1" or ([screening_ar
m_1][cov_sx(0)] = "1" AND [scr
eening_arm_1][cov_twowk_sx
(10)] = "1") or [screening_arm_
1][cov_sx(11)] = "1" or ([screen
ing_arm_1][cov_sx(0)] = "1" AN
D [screening_arm_1][cov_two
wk_sx(11)] = "1") or [screening
_arm_1][cov_sx(12)] = "1" or ([s
creening_arm_1][cov_sx(0)] =
"1" AND [screening_arm_1][co
v_twowk_sx(12)] = "1") or [scre
ening_arm_1][cov_sx(13)] = "1"
or ([screening_arm_1][cov_sx
(0)] = "1" AND [screening_arm_
1][cov_twowk_sx(13)] = "1") or
[screening_arm_1][cov_sx(14)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_
arm_1][cov_twowk_sx(14)] =
"1") or [screening_arm_1][cov_
sx(15)] = "1" or ([screening_ar
m_1][cov_sx(0)] = "1" AND [scr
eening_arm_1][cov_twowk_sx
(15)] = "1") or [screening_arm_
1][cov_sx(16)] = "1" or ([screen
ing_arm_1][cov_sx(0)] = "1" AN
D [screening_arm_1][cov_two
wk_sx(16)] = "1") or [screening
_arm_1][cov_sx(17)] = "1" or ([s
creening_arm_1][cov_sx(0)] =
"1" AND [screening_arm_1][co
v_twowk_sx(17)] = "1") or [scre
ening_arm_1][cov_sx(18)] = "1"
or ([screening_arm_1][cov_sx
(0)] = "1" AND [screening_arm_
1][cov_twowk_sx(18)] = "1") or
[screening_arm_1][cov_sx(19)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_
arm_1][cov_twowk_sx(19)] =
"1"))

28	cough_days	Calculation: Days since cough started	calc Calculation: if ([coughstartdt]<>"", (datediff("today", [coughstartdt], "d")),0) Field Annotation: @HIDDEN
29	cough_days_2	Calculation: Days since cough started	calc Calculation: if ([coughstartdt]<>"", (datediff("today", [coughstartdt], "d")),0) Field Annotation: @HIDDEN
30	fever_days	Calculation: Days since fever started	calc Calculation: if ([feverstartdt]<>"", (datediff("today", [feverstartdt], "d")),0) Field Annotation: @HIDDEN
31	other_days	Calculation: Days since other symptoms started	calc Calculation: if ([sxstart]<>"", (datediff("today", [sxstart], "d")),0) Field Annotation: @HIDDEN

32	indexdt	Calculation: Earliest date of symptoms (index date)	text (date_mdy) Field Annotation: @HIDDEN @CALCTEXT(if([cough_days] >= [fever_days] AND [cough_days] >= [other_days], [coughstartdt], if([fever_days] >= [cough_days] AND [fever_days] >= [other_days], [feverstartdt], if([other_days] >= [fever_days] AND [other_days] >= [cough_days], [sxstart], "ERROR"))))
33	dt_twilio_alert	Datetime to send Twilio alert	text (datetime_mdy) Field Annotation: @CALCTEXT(concat([indexdt], " ", "08:30")) @HIDDEN-SURVEY
34	start_index	Calculation: Beginning of index period	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([indexdt], -14, 'd')
35	end_index	Calculation: End of index period	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([indexdt], 14, 'd')
36	sxended Show the field ONLY if: [screening_arm_1][screening]="1" and ([screening_arm_1][cov_sx(1)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(1)] = "1") or [screening_arm_1][cov_sx(3)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(3)] = "1") or [screening_arm_1][cov_sx(5)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(5)] = "1") or [screening_arm_1][cov_sx(6)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(6)] = "1") or [screening_arm_1][cov_sx(7)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(7)] = "1") or [screening_arm_1][cov_sx(8)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(8)] = "1") or [screening_arm_1][cov_sx(9)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(9)] = "1") or [screening_arm_1][cov_sx(10)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(10)] = "1") or [screening_arm_1][cov_sx(11)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(11)] = "1") or [screening_arm_1][cov_sx(12)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(12)] = "1") or [screening_arm_1][cov_sx(13)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(13)] = "1") or [screening_arm_1][cov_sx(14)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(14)] = "1") or [screening_arm_1][cov_	Have ALL your symptoms ended? *sf3530*	yesno, Required 1 Yes 0 No Custom alignment: LV

sx(15)] = "1" or ([screening_ar
m_1][cov_sx(0)] = "1" AND [scr
eening_arm_1][cov_twowk_sx
(15)] = "1") or [screening_arm_
1][cov_sx(16)] = "1" or ([screen
ing_arm_1][cov_sx(0)] = "1" AN
D [screening_arm_1][cov_two
wk_sx(16)] = "1") or [screening
_arm_1][cov_sx(17)] = "1" or ([s
creening_arm_1][cov_sx(0)] =
"1" AND [screening_arm_1][co
v_twowk_sx(17)] = "1") or [scre
ening_arm_1][cov_sx(18)] = "1"
or ([screening_arm_1][cov_sx
(0)] = "1" AND [screening_arm_
1][cov_twowk_sx(18)] = "1") or
[screening_arm_1][cov_sx(19)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_
arm_1][cov_twowk_sx(19)] =
"1"))

37	sxstop	On what date did your LAST symptom end? *sf3593*	text (date_mdy), Required Field Annotation: @HIDEBUTTON @NOTFUTURE

Show the field ONLY if:
[screening_arm_1][screening]
="1" and (([screening_arm_1][c
ov_sx(1)] = "1" or ([screening_a
rm_1][cov_sx(0)] = "1" AND [sc
reening_arm_1][cov_twowk_sx
(1)] = "1") or [screening_arm_
1][cov_sx(3)] = "1" or ([screeni
ng_arm_1][cov_sx(0)] = "1" AN
D [screening_arm_1][cov_two
wk_sx(3)] = "1") or [screening_
arm_1][cov_sx(5)] = "1" or ([scr
eening_arm_1][cov_sx(0)] = "1"
AND [screening_arm_1][cov_t
wowk_sx(5)] = "1") or [screenin
g_arm_1][cov_sx(6)] = "1" or ([s
creening_arm_1][cov_sx(0)] =
"1" AND [screening_arm_1][co
v_twowk_sx(6)] = "1") or [scree
ning_arm_1][cov_sx(7)] = "1" o
r ([screening_arm_1][cov_sx
(0)] = "1" AND [screening_arm_
1][cov_twowk_sx(7)] = "1") or
[screening_arm_1][cov_sx(8)] =
"1" or ([screening_arm_1][cov_
sx(0)] = "1" AND [screening_ar
m_1][cov_twowk_sx(8)] = "1") o
r [screening_arm_1][cov_sx(9)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_
arm_1][cov_twowk_sx(9)] =
"1") or [screening_arm_1][cov_
sx(10)] = "1" or ([screening_ar
m_1][cov_sx(0)] = "1" AND [scr
eening_arm_1][cov_twowk_sx
(10)] = "1") or [screening_arm_
1][cov_sx(11)] = "1" or ([screen
ing_arm_1][cov_sx(0)] = "1" AN
D [screening_arm_1][cov_two
wk_sx(11)] = "1") or [screening
_arm_1][cov_sx(12)] = "1" or ([s
creening_arm_1][cov_sx(0)] =
"1" AND [screening_arm_1][co
v_twowk_sx(12)] = "1") or [scre
ening_arm_1][cov_sx(13)] = "1"
or ([screening_arm_1][cov_sx
(0)] = "1" AND [screening_arm_
1][cov_twowk_sx(13)] = "1") or
[screening_arm_1][cov_sx(14)]
= "1" or ([screening_arm_1][co
v_sx(0)] = "1" AND [screening_

	arm_1][cov_twowk_sx(14)] = "1") or [screening_arm_1][cov_sx(15)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(15)] = "1") or [screening_arm_1][cov_sx(16)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(16)] = "1") or [screening_arm_1][cov_sx(17)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(17)] = "1") or [screening_arm_1][cov_sx(18)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(18)] = "1") or [screening_arm_1][cov_sx(19)] = "1" or ([screening_arm_1][cov_sx(0)] = "1" AND [screening_arm_1][cov_twowk_sx(19)] = "1")) AND [screening_arm_1][sxended] = "1")		

38	allsymp_date_warn Show the field ONLY if: [screening_arm_1][sxended]="1" and datediff([screening_arm_1][indexdt],[screening_arm_1][sxstop], "d", "mdy", true) <0	The end date for all symptoms reported above occurs BEFORE the earliest symptom date ([screening_arm_1][indexdt]) you reported. Please review and update your symptoms dates.	descriptive

39	covtestloc Show the field ONLY if: [screening_arm_1][screening] = "1"	Where were your COVID-19 test(s) performed? [select all that apply] *sf1254_eip10bi/10ci*	checkbox, Required

			1	covtestloc___1	At my employer (at occupational health/employee health or at the medical center where I work)
			2	covtestloc___2	At a public testing center
			3	covtestloc___3	At my primary health care provider
			4	covtestloc___4	At another location {covidtestloc_oth}

Custom alignment: LV

40	covidtestloc_oth Show the field ONLY if: [screening_arm_1][covtestloc(4)] = "1"	Where? *sf1765*	text

41	swabpwhy Show the field ONLY if: [screening_arm_1][screening] = "1"	Why were you tested for COVID-19 on [covdt]? *sf1467_eip10bii/10cii*	radio, Required

1	I had symptoms that I thought might be from COVID-19
2	I did not have symptoms of COVID-19, but I had an exposure to a person with COVID-19
3	I did not have symptoms of COVID-19 and I did not have an exposure, but I was concerned that I had COVID-19
4	I was tested as part of routine testing by my employer, but I did not have symptoms, exposures, and I did not think I had COVID-19
6	I was tested because I wanted to travel or visit friends or family, and I wanted to be tested to be safe
5	Other {swabpwhyspec}

Custom alignment: LV

42	swabpwhyspec Show the field ONLY if: [screening_arm_1][swabpwhy] = "5"	Why? *sf1312*	text
43	cont_emp Show the field ONLY if: [screening_arm_1][screening] ="1"	Do you intend to be working, studying, or volunteering in your current healthcare facility for at least the next 6 weeks? Please answer "yes" even if you are not currently working, as long as you plan to return to your current place of employment when you recover from your illness. *sf2542*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
44	sx_eligible	CALCULATION: Participant has symptoms (1=symptoms, 0=no symptoms) *sf2123*	calc Calculation: if([cov_sx(0)]='1' and [cov_twowk_sx(0)]='1', 0, 1) Custom alignment: RH Field Annotation: @HIDDEN
45	eligible_calc	CALCULATION: Eligible	calc Calculation: if([screening_arm_1][screening]="1" and [screening_arm_1][hcp_status]="1" and [screening_arm_1][wrkhome]="0" and [screening_arm_1][cov_test]="1" and [screening_arm_1][sx_eligible]="1" and ([screening_arm_1][cont_emp]="1" or [screening_arm_1][cont_emp]="2") and [screening_arm_1][priorenroll_complete]<>"0" and [screening_arm_1][prevcovdx_confirm(1)]<>"1", 1, 0) Custom alignment: RH Field Annotation: @HIDDEN-SURVEY
46	decline_msg Show the field ONLY if: [screening_arm_1][screening] = "0"	Thank you for your consideration. In order for us to ensure that you are not contacted again to participate in this project, please provide your name below.	descriptive
47	first_name	First Name *sf2934_eip3*	text, Required, Identifier
48	middle_initial	Middle Initial *sf2920*	text, Identifier
49	last_name	Last Name *sf2935_eip3*	text, Required, Identifier
50	ineligible_reason	CALCULATION: Reason Ineligible	text Field Annotation: @HIDDEN-SURVEY @CALCTEXT(if([hcp_status]='0', 'are not a health care provider', if([wrkhome]='1', 'work primarily from home', if([cov_test]='0', 'had not had a COVID test in the last 60 days', if([sx_eligible]='0', 'had no COVID symptoms', if([cont_emp]='0', 'will not continue at this facility', if([priorenroll_complete]='0', 'did not complete previous PREVENT enrollment', if([prevcovdx_confirm(1)]='1', 'had a previous COVID diagnosis by a nasal swab', 'Eligible')))))))
51	noteligible Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eli gible_calc] = "0" and [screenin g_arm_1][last_name] <> ""	Thank you for your interest in Project PREVENT. Unfortunately, you are not eligible to participate at this time because you reported you [ineligible_reason]. We appreciate your interest. If you are tested again, you may re-screen for project eligibility. If you would like more information about Project PREVENT, please visit our web site at http://www.prevent-project.org.	descriptive
52	dob Show the field ONLY if: [screening_arm_1][screening] ="1" and [screening_arm_1][eli gible_calc] = "1"	Please provide your date of birth (M-D-Y) *sf2837*	text (date_mdy), Required Field Annotation: @PAST @HIDEBUTTON
53	agecalc	CALCULATION: Age *sf3055*	calc Calculation: rounddown(datediff([screendt],[dob], "y")) Field Annotation: @HIDDEN-SURVEY

| 54 | age

Show the field ONLY if:
[screening_arm_1][screening]="1" and [screening_arm_1][eligible_calc] = "1" | This means that you are [agecalc] years old. Is that correct?
sf4056 | yesno

| 1 | Yes |
\|---\|---\|
0	No	 Custom alignment: LV
55	dobmessage Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][agecalc] = "0"	Please update your date of birth.	descriptive
56	e_mail Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][eligible_calc] = "1"	E-mail address This e-mail address will be used for all PREVENT communication, including follow-up survey links. *sf1025*	text (email), Required
57	verify_e_mail Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][eligible_calc] = "1"	Verify e-mail address *sf1498*	text (email), Required
58	email_notmatch Show the field ONLY if: [screening_arm_1][screening]="1" and (([screening_arm_1][eligible_calc] = "1") and [screening_arm_1][verify_e_mail] <> "" and ([screening_arm_1][e_mail] <> [screening_arm_1][verify_e_mail]))	Your e-mail address does not match, please update.	descriptive
59	eligible Show the field ONLY if: [screening_arm_1][screening]="1" and [screening_arm_1][eligible_calc] = "1" and [screening_arm_1][verify_e_mail] <> ""	You ARE eligible to enroll in the PREVENT project. Please note that you will need your first name, last name and date of birth as reported below to complete future surveys. Login information for future surveys: First name: [first_name] Last name: [last_name] Date of birth: [dob] You will now be taken to the project consent information.	descriptive
60	ideal_baseline_date	Ideal baseline date	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 14, 'd') @READONLY
61	overdue_baseline_date	OVERDUE baseline date	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @CALCDATE([screening_arm_1][indexdt], 21, 'd') @READONLY
62	ideal_flup_date	Ideal Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 42, 'd') @READONLY
63	overdue_flup_date	OVERDUE Follow-up date (6 weeks after symptoms)	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @HIDEBUTTON @CALCDATE([screening_arm_1][indexdt], 49, 'd') @READONLY
64	screening_form_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete | |---|---|
1	Unverified
2	Complete	

Instrument: **Consent Information** (consent_information)   📲 Enabled as survey   ⌃ Collapse

65	survey_text_consent_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Project Information","surveyinstructions":"Please review the project information below."},"Español": {"surveyinstructions":"Revise la siguiente información sobre el proyecto."}} @HIDDEN
66	consent Show the field ONLY if: [screening_arm_1][languages] = "1"		descriptive
67	spconsent Show the field ONLY if: [screening_arm_1][languages] = "2"		descriptive
68	spconsent_acknowledge Show the field ONLY if: [screening_arm_1][languages] = "2"	Al seleccionar "sí", reconoce que ha leído la información presentada y que acepta participar en este proyecto. *ic2451*	radio | 1	Sí
0	No	 Custom alignment: LV Stop actions on 0
69	consent_acknowledge Show the field ONLY if: [screening_arm_1][languages] = "1"	By selecting "yes," you acknowledge that you have read the information presented, and that you agree to participate in this project. *ic2000*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV Stop actions on 0
70	consent_information_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: Contact Information (contact_information)   🔗 Enabled as survey   [^ Collapse]

71	contactinfodt	Contact info date complete *ci1993*	text (date_mdy) Field Annotation: @HIDEBUTTON @HIDDEN-SURVEY @TODAY

72	survey_text_contact_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Contact Information","surveyinstructions":"In the following section, we will collect information about how to contact you. We will NOT release ANY of your information outside the Project PREVENT team. We will use this information for the following purposes: To invite you to complete the second survey in a few weeks. You will receive an e-mail and a text message with a link to the final survey; To compensate you for your time and participation in Project PREVENT. We will send a check to your home address for each survey you complete; To contact you if we have questions about your responses; and To pre-fill forms for medical record release that you will be electronically signing. If you have questions or concerns about any of the questions you are asked, please contact the PREVENT study team at EmergencyIDNet-PREVENT___uiowa.edu"},"Español": {"surveytitle":"PREVENT - Información de contacto","surveyinstructions":"En la sección siguiente, recopilaremos información para poder ponernos en contacto con usted. NO divulgaremos NINGUNO de estos datos a personas que no pertenezcan al equipo del Proyecto PREVENT. Utilizaremos esta información con los siguientes fines: Para invitarlo/a a completar el segundo cuestionario en algunas semanas. Recibirá un correo electrónico y un mensaje de texto con un enlace al cuestionario final; como compensación por su tiempo y su participación en el Proyecto PREVENT. Le enviaremos un cheque a la dirección de su casa por cada cuestionario que complete; para comunicarnos con usted si tenemos preguntas sobre sus respuestas; y para completar formularios para la divulgación de su historia clínica que usted firmará electrónicamente. Si tiene preguntas o inquietudes sobre cualquiera de las preguntas que le hagan, comuníquese con el equipo de estudio de PREVENT mediante EmergencyIDNet-PREVENT___uiowa.edu."}}
73	cell_phone	Section Header: *Contact Information. The project team needs reliable ways of reaching you quickly (within 24 hours). This information will not be shared outside the project team.* Cell phone *ci2278_eip4*	text (phone), Required, Identifier
74	commpref	Please select your communication preference for site coordinators, in case they need to contact you to follow-up on any of your responses. *ci3987*	radio | 1	E-mail
2	Cell phone	 Custom alignment: LV
75	streetadd	Section Header: *Please provide your mailing address. This will be used for mailing your check for compensation.* Street address (including apt/unit as applicable) *ci3348_eip5*	text, Required, Identifier Custom alignment: LV
76	city	City *ci1831_eip5*	text, Required, Identifier Custom alignment: LV
77	state	State *ci3412_eip5*	dropdown, Required, Identifier | AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia	

FL	Florida	
GA	Georgia	
HI	Hawaii	
ID	Idaho	
IL	Illinois	
IN	Indiana	
IA	Iowa	
KS	Kansas	
KY	Kentucky	
LA	Louisiana	
ME	Maine	
MD	Maryland	
MA	Massachusetts	
MI	Michigan	
MN	Minnesota	
MS	Mississippi	
MO	Missouri	
MT	Montana	
NE	Nebraska	
NV	Nevada	
NH	New Hampshire	
NJ	New Jersey	
NM	New Mexico	
NY	New York	
NC	North Carolina	
ND	North Dakota	
OH	Ohio	
OK	Oklahoma	
OR	Oregon	
PA	Pennsylvania	
RI	Rhode Island	
SC	South Carolina	
SD	South Dakota	
TN	Tennessee	
TX	Texas	
UT	Utah	
VT	Vermont	
VA	Virginia	
WA	Washington	
WV	West Virginia	
WI	Wisconsin	
WY	Wyoming	

Custom alignment: LV

78	zip	Zip Code *ci2198_eip5*	text (zipcode), Required, Identifier Custom alignment: LV

79	emcontact	Section Header: *Emergency contact information. We would also like to collect another way to reach you, just in case we can't reach you by the above means. This contact information will not be released outside the project, and we will not contact this person unless we are unable to reach you after multiple attempts.We will not release any information regarding your project participation or test results to your emergency contacts.* Emergency Contact: Name *ci2198*	text Custom alignment: LV
80	emcontact_phone	Emergency Contact: Phone *ci3791*	text (phone) Custom alignment: LV
81	contact_information_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Baseline Enrollment Survey (baseline_enrollment_survey)   📇 Enabled as survey   [∧ Collapse]

82	baselinedt	Baseline date complete *ef5433*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
83	dt_twilio_clintrial	Datetime to send Clinical Trial Twilio alert	text (datetime_mdy) Field Annotation: @CALCTEXT(concat([baselinedt], " ", "08:30")) @HIDDEN-SURVEY
84	survey_text_baseline_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Baseline Information","surveyinstructions":"Thank you for agreeing to participate in Project PREVENT. The purpose of this survey is to collect detailed information about your job, your illness, and how your illness has affected your work. Please answer all questions as completely as you can."},"Español": {"surveyinstructions":"Gracias por aceptar participar en el Proyecto PREVENT. El propósito de este cuestionario es recopilar información detallada sobre su trabajo, su enfermedad y cómo ella ha afectado su trabajo. Responda todas las preguntas de la manera más completa posible."}}
85	swabn	Section Header: *Your Illness* Approximately, how many total times have you been tested for COVID-19 (with a swab in your nose, mouth, or throat) since December 31, 2019? *ef3994*	text, Required Custom alignment: LV
86	firstcovtest	What was the date of your FIRST COVID-19 test for this episode of illness/exposure? An episode of illness includes the period of symptoms until full recovery of symptoms. *ef2377_eip10b*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON @NOTFUTURE
87	totalcovidtests	How many total COVID-19 nasal, nasopharyngeal, or saliva tests have you had during this episode of illness/exposure? *ef1673*	text, Required Custom alignment: LV
88	covtesting	COVID Test 1 COVID Test 2 COVID Test 3 On what date was the test performed? {covtestdate1} {covtestdate2} {covtestdate3} Where was your test performed? {covtestloc1} {covtestloc2} {covtestloc3} What was the reason? {covtestwhy1} {covtestwhy2} {covtestwhy3} How would you like us to get your results? {covtestverify1} {covtestverify2} {covtestverify3}	descriptive
89	covidts_warn Show the field ONLY if: datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate1], "d", "mdy", true)<0	The COVID-19 test date reported in the 'COVID Test 1' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive
90	covidts_warn_2 Show the field ONLY if: [baseline_arm_1][covtestdate2] <> "" and datediff([baseline_arm_1][firstcovtest],[baseline_arm_1][covtestdate2], "d", "mdy", true)<0	The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive

91	covidts_warn_3 Show the field ONLY if: [baseline_arm_1][covtestdate 3] <> "" and datediff([baseline _arm_1][firstcovtest],[baseline _arm_1][covtestdate3], "d", "m dy", true)<0	The COVID-19 test date reported in the 'COVID Test 2' column occurs BEFORE the earliest COVID-19 date ([baseline_arm_1][firstcovtest]) you reported above. Please review and update your COVID-19 testing dates.	descriptive
92	covtestdate1 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "1"	On what date (approximately) was this test performed? *ef4078*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

93	covtestloc1 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "1"	Where was your test performed? *ef4592_eip10bi*	radio, Required

			1	Employee health/occupational health clinic
			2	Employer-sponsored testing center
			3	Personal health care provider
			4	Public testing center not affiliated with my place of employment
			5	Emergency department or walk-in clinic (urgent care)
			6	In the hospital because I was being admitted for an overnight stay
			7	Someplace else, please specify {covtestlocspec1}

Custom alignment: LV

94	covtestlocspec1 Show the field ONLY if: [baseline_arm_1][covtestloc1] = "7"	Where? *ef3163*	text

95	covtestwhy1 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "1"	What was the reason the test was performed? *ef4762_eip10bii*	checkbox, Required

	1	covtestwhy1___1	I had symptoms that could have been caused by COVID-19
	2	covtestwhy1___2	I had an occupational or workplace exposure
	3	covtestwhy1___3	I had exposure outside of the workplace
	4	covtestwhy1___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
	5	covtestwhy1___5	Other, please specify {covtestwhyspec1}
	6	covtestwhy1___6	Not sure

Custom alignment: LV

96	covtestwhyspec1 Show the field ONLY if: [baseline_arm_1][covtestwhy1 (5)] = "1"	Why? *ef2275*	text

97	covtestverify1 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "1"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4414*	radio, Required

			1	Contact my occupational/employee health clinic.
			2	Contact my health care provider.
			3	Contact the public testing center.
			4	I will provide a copy of my test result myself now (photo or pdf).
			5	I will provide a copy of my test result myself when it is available (photo or pdf).
			6	I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.

Custom alignment: LV
Stop actions on 6

98	covtestdate2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	On what date (approximately) was this test performed? *ef2495*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

99	covtestloc2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	Where was your test performed? *ef3605_eip10bi*	radio, Required

			1	Employee health/occupational health clinic
			2	Employer-sponsored testing center
			3	Personal health care provider
			4	Public testing center not affiliated with my place of employment
			5	Emergency department or walk-in clinic (urgent care)
			6	In the hospital because I was being admitted for an overnight stay
			7	Someplace else, please specify {covtestlocspec2}

Custom alignment: LV

100	covtestlocspec2 Show the field ONLY if: [baseline_arm_1][covtestloc2] = "7"	Where? *ef4723*	text

101	covtestwhy2 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "2"	What was the reason the test was performed? *ef1691_eip10bii*	checkbox, Required

			1	covtestwhy2___1	I had symptoms that could have been caused by COVID-19
			2	covtestwhy2___2	I had an occupational or workplace exposure
			3	covtestwhy2___3	I had exposure outside of the workplace
			4	covtestwhy2___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
			5	covtestwhy2___5	Other, please specify {covtestwhyspec2}
			6	covtestwhy2___6	Not sure

Custom alignment: LV

102	covtestwhyspec2 Show the field ONLY if: [baseline_arm_1][covtestwhy2(5)] = "1"	Why? *ef4879*	text

103	covtestverify2 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "2"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4202*	radio, Required

radio, Required

1	Contact my occupational/employee health clinic.
2	Contact my health care provider.
3	Contact the public testing center.
4	I will provide a copy of my test result myself now (photo or pdf).
5	I will provide a copy of my test result myself when it is available (photo or pdf).
6	I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.

Custom alignment: LV
Stop actions on 6

104	covtestdate3 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "3"	On what date (approximately) was this test performed? *ef4341*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

105	covtestloc3 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "3"	Where was your test performed? *ef1931_eip10bi*	radio, Required

radio, Required

1	Employee health/occupational health clinic
2	Employer-sponsored testing center
3	Personal health care provider
4	Public testing center not affiliated with my place of employment
5	Emergency department or walk-in clinic (urgent care)
6	In the hospital because I was being admitted for an overnight stay
7	Someplace else, please specify {covtestlocspec3}

Custom alignment: LV

106	covtestlocspec3 Show the field ONLY if: [baseline_arm_1][covtestloc3] = "7"	Where? *ef1684*	text

107	covtestwhy3 Show the field ONLY if: [baseline_arm_1][totalcovidtes ts] <> "" and [baseline_arm_1] [totalcovidtests] >= "3"	What was the reason the test was performed? *ef264_eip10bii*	checkbox, Required

checkbox, Required

1	covtestwhy3___1	I had symptoms that could have been caused by COVID-19
2	covtestwhy3___2	I had an occupational or workplace exposure
3	covtestwhy3___3	I had exposure outside of the workplace
4	covtestwhy3___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
5	covtestwhy3___5	Other, please specify {covtestwhyspec3}
6	covtestwhy3___6	Not sure

Custom alignment: LV

108	covtestwhyspec3 Show the field ONLY if: [baseline_arm_1][covtestwhy3 (5)] = "1"	Why? *ef3716*	text

109	covtestverify3 Show the field ONLY if: [baseline_arm_1][totalcovidtests] <> "" and [baseline_arm_1][totalcovidtests] >= "3"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *ef4679*	radio, Required <table><tr><td>1</td><td>Contact my occupational/employee health clinic.</td></tr><tr><td>2</td><td>Contact my health care provider.</td></tr><tr><td>3</td><td>Contact the public testing center.</td></tr><tr><td>4</td><td>I will provide a copy of my test result myself now (photo or pdf).</td></tr><tr><td>5</td><td>I will provide a copy of my test result myself when it is available (photo or pdf).</td></tr><tr><td>6</td><td>I do not want to provide my COVID-19 test result. If I am not willing to provide documentation of my test result, I know that I am not eligible to participate in Project PREVENT.</td></tr></table> Custom alignment: LV Stop actions on 6
110	releaseemail Show the field ONLY if: [baseline_arm_1][covtestverify1] = "2" or [baseline_arm_1][covtestverify1] = "3" or [baseline_arm_1][covtestverify2] = "2" or [baseline_arm_1][covtestverify2] = "3" or [baseline_arm_1][covtestverify3] = "2" or [baseline_arm_1][covtestverify3] = "3"	You will receive an e-mail with a Release of Information for Medical Records that will be completed with the information you have provided. Please sign and return according to the procedures detailed in the e-mail.	descriptive
111	coviduploadmsg Show the field ONLY if: [baseline_arm_1][covtestverify1] = "5" or [baseline_arm_1][covtestverify2] = "5" or [baseline_arm_1][covtestverify3] = "5" or [baseline_arm_1][covtestverify1] = "4" or [baseline_arm_1][covtestverify2] = "4" or [baseline_arm_1][covtestverify3] = "4"	If you have COVID-19 test records to upload now, please use the 'Testing Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result Files can be uploaded as a photograph or pdf.	descriptive
112	addltest	In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], have you had testing for any of the following? If yes, please provide the date of testing. Test Completed Date Influenza {influenza} {influenzadate} Other respiratory viruses (adenovirus, rhinovirus) {respvirus} {respvirusdate} Respiratory bacteria (mycoplasma, streptococcus) {respbac} {respbacdate} Urine testing (legionella) {urine} {urinedate}	descriptive
113	influenza	Influenza *ef1723*	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV
114	influenzadate Show the field ONLY if: [baseline_arm_1][influenza] = "1"	Please provide the date of testing *ef3763*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
115	respvirus	Other respiratory viruses (adenovirus, rhinovirus) *ef1336*	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>I don't know</td></tr></table> Custom alignment: LV

116	respvirusdate Show the field ONLY if: [baseline_arm_1][respvirus] = "1"	Please provide the date of testing *ef2968*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @PAST @HIDEBUTTON
117	respbac	Other respiratory bacteria (mycoplasma, streptococcus) *ef1347*	radio, Required 1 | Yes 0 | No 2 | I don't know Custom alignment: LV
118	respbacdate Show the field ONLY if: [baseline_arm_1][respbac] = "1"	Please provide the date of testing *ef2097*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
119	urine	Urine testing (legionella) *ef3376*	radio, Required 1 | Yes 0 | No 2 | I don't know Custom alignment: LV
120	urinedate Show the field ONLY if: [baseline_arm_1][urine] = "1"	Please provide the date of testing *ef1987*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
121	blood	In the period from [screening_arm_1][start_index] to [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 antibody testing? *ef4028_eip11*	radio, Required 1 | Yes 0 | No 2 | I don't know Custom alignment: LV
122	blooddate Show the field ONLY if: [baseline_arm_1][blood] = "1"	On what date (approximately) did you have this test? *ef2569*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
123	blood_result Show the field ONLY if: [baseline_arm_1][blood] = "1"	Do you know what the test result was? *ef4526_eip11a*	radio, Required 1 | Yes. It was positive, meaning that it showed evidence of COVID-19 infection 2 | Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection 0 | No. I don't know my result or it was indeterminate (neither positive or negative) Custom alignment: LV
124	seekcarebfr	Section Header: *Your Medical Care* In the period from [screening_arm_1][indexdt] to [screening_arm_1][end_index], have you seen a health care provider for any reason? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider. *ef1814_eip10ei*	yesno, Required 1 | Yes 0 | No Custom alignment: LV
125	hlthcareutilmsg Show the field ONLY if: [baseline_arm_1][seekcarebfr] = "1"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive

126	cov19vacc	Section Header: *Your Vaccination History* Have you received a vaccine for COVID-19 (SARS-CoV-2)? *ef1123_eip15/16*	radio, Required 1 Yes 0 No 2 I participated in a vaccine study during which I did, or may have, received a SARS-CoV-2 vaccine 3 I don't know Custom alignment: LV
127	clintrial_compname Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	With which company did you participate in a clinical trial? *ef1252_eip15a*	dropdown, Required 1 Aivita 2 City of Hope 3 ImmunityBio 4 Inovio 5 Johnson&Johnson/Janssen 6 Merck 7 Moderna 8 Novavax 9 OncoSec 10 Oxford/AstraZeneca 11 Pfizer/BioNTech 12 Sanofi/GSK 13 Themis 14 Vaxart 15 Other/not listed 16 I don't know Custom alignment: LV
128	clintrial_compnameoth Show the field ONLY if: [baseline_arm_1][clintrial_compname] = "15"	Which one? *ef2661*	text Custom alignment: LV
129	clintrial_arm Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	Do you know whether you received active vaccine or placebo? *ef1067_eip15b*	radio, Required 1 Active vaccine 2 Placebo 3 I don't know yet Custom alignment: LV
130	clintrialmsg Show the field ONLY if: [baseline_arm_1][clintrial_arm] = "3"	It is very important that we know whether you received the vaccine. At the conclusion of the vaccine trial, you will be told to which arm of the study you had been assigned. When that happens, we would like to get documentation from the study team. We will send you an e-mail every month with a short survey until you are notified of your vaccine assignment. Please save any documentation you receive from the vaccine trial so that you can share it with us.	descriptive
131	clintrial_plac Show the field ONLY if: [baseline_arm_1][cov19vacc] = "2"	After the clinical trial ended, did you receive a COVID-19 vaccine or an additional COVID-19 vaccination? *ef3856_eip15bi*	yesno, Required 1 Yes 0 No Custom alignment: LV

132	cov19vaccn Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clintrial_plac]="1"	How many total doses of a COVID-19 vaccine did you receive? *ef3189_eip16a*	radio, Required 	1	1
2	2
3	More than 2
4	I'm not sure	 Custom alignment: LV
133	cov19vaccloc1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1"	Where did you receive the COVID-19 vaccine? *ef3779_eip16d/16g*	radio, Required | 1	At my employer or occupational/employee health clinic
2	At my local city, county, or state health department
3	At a clinic or a health care provider's office
4	At a public vaccination center
5	Someplace else	 Custom alignment: LV
134	cov19vaccdt1 Show the field ONLY if: [baseline_arm_1][cov19vacc] >= "1"	On what date (approximately) did you receive this first COVID-19 vaccine? *ef1213_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
135	cov19vaccloc2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2"	Where did you receive the second COVID-19 vaccine? *ef1256_eip16d/16g*	radio, Required | 1	At my employer or occupational/employee health clinic
2	At my local city, county, or state health department
3	At a clinic or a health care provider's office
4	At a public vaccination center
5	Someplace else	 Custom alignment: LV
136	cov19vaccdt2 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "2"	On what date (approximately) did you receive this third COVID-19 vaccine? *ef2280_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV
137	cov19vaccloc3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3"	Where did you receive the third COVID-19 vaccine? *ef1028_eip16d/16g*	radio, Required | 1	At my employer or occupational/employee health clinic
2	At my local city, county, or state health department
3	At a clinic or a health care provider's office
4	At a public vaccination center
5	Someplace else	 Custom alignment: LV
138	cov19vaccdt3 Show the field ONLY if: [baseline_arm_1][cov19vaccn] >= "3"	On what date (approximately) did you receive this COVID-19 vaccine? *ef2348_eip16b/16e*	text (date_mdy, Min: 2020-01-01), Required Custom alignment: LV Field Annotation: @HIDEBUTTON
139	cov19vacc_doc Show the field ONLY if: [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][clintrial_plac]="1"	Do you have documentation of your vaccination status (including date of administration, vaccine administered, and lot number of vaccine administration)? *ef4491*	radio, Required | 1	Yes. I will provide a copy of these records now
2	Yes. I will provide a copy of these records later
0	No. Please contact the person who administered my vaccination to get a copy of my records	 Custom alignment: LV

140	flu *ef1633_eip17*	Have you received an influenza vaccine since September 1, 2020?	radio, Required 	1	Yes
0	No
2	I don't know	 Custom alignment: LV
141	fludate Show the field ONLY if: [baseline_arm_1][flu] = "1" *ef3628*	On what date (approximately) did you receive this influenza vaccine?	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON
142	fluloc Show the field ONLY if: [baseline_arm_1][flu] = "1" *ef2590*	Where did you receive the influenza vaccine?	radio, Required 	1	At my employer or occupational/employee health clinic
2	At my local city, county, or state health department
3	At a clinic or a health care provider's office
4	At a public vaccination center
6	At a pharmacy
5	Someplace else	 Custom alignment: LV
143	fludoc Show the field ONLY if: [baseline_arm_1][flu] = "1" *ef2944*	Do you have documentation of your influenza vaccination status (including date of administration and vaccine administered)?	radio, Required 	1	Yes. I will provide a copy of these records now
2	Yes. I will provide a copy of these records later
0	No. Please contact the person who administered my vaccination to get a copy of my records	 Custom alignment: LV
144	vaccuploadmsg Show the field ONLY if: [baseline_arm_1][fludoc] = "1" or [baseline_arm_1][cov19vacc_doc] = "1" or [baseline_arm_1][fludoc] = "2" or [baseline_arm_1][cov19vacc_doc] = "2"	If you have COVID-19 or flu vaccine records to upload now, please use the 'Vaccine Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. For vaccines, we need an official document showing: Your name Date administered Vaccine type (COVID, influenza) Manufacturer (and lot number, if available) Files can be uploaded as a photograph or pdf. *ef2712*	descriptive

| 145 | role | Section Header: *Your Job*

 Which job classification describes you? [select all that apply]
 ef1876_eip20 | checkbox, Required |

			1	role___1	Administrative Staff/Managers
			2	role___2	Advanced Practice Provider - Physician Assistant
			3	role___3	Advanced Practice Provider - Nurse Practitioner
			4	role___4	Chaplain
			5	role___5	Clerk/Registration staff
			6	role___6	Environmental Services/Custodial/Housekeeping Staff
			7	role___7	Facilities/Maintenance
			8	role___8	Food Service/Cafeteria Staff
			9	role___9	Home Health Aide/In-home Caregiver
			10	role___10	Information Technology/Computer Support
			11	role___11	Laboratory Personnel
			12	role___12	Nurse - Licensed Practical Nurse
			13	role___13	Nurse - Registered nurse
			14	role___14	Nursing Aide/Nursing Assistant/Patient Care Technician
			15	role___15	Medical Assistant
			16	role___16	Patient Care Technician/Nursing Aide/Nursing Assistant
			17	role___17	Dietician/Nutritionist
			18	role___18	Physical Therapist or Assistant
			19	role___19	Occupational Therapist or Assistant
			20	role___20	Pharmacist/Pharmacy Personnel
			21	role___21	Phlebotomist
			22	role___22	Physician - Staff/Faculty
			23	role___23	Physician - Intern/Resident
			24	role___24	Physician - Fellow
			34	role___34	Psychologist/Counselor
			25	role___25	Respiratory Therapist or Assistant
			26	role___26	Social Worker
			27	role___27	Speech Therapist or Assistant
			28	role___28	Paramedic/Emergency Medical Technician
			29	role___29	Security Personnel
			30	role___30	Research Staff (clinical, translational, or basic science)
			31	role___31	Health Sciences Students (medical, nursing, pharmacy, dentistry, advanced practice provider, or others)
			32	role___32	Volunteer
			33	role___33	Other, please specify {role_other}

Custom alignment: LV

| 146 | role_other

 Show the field ONLY if: [baseline_arm_1][role(33)] = "1" | Please describe.
 ef1398 | text |

147	facility	In which types of healthcare facilities do you work, study, or volunteer? [select all that apply] *ef1639_eip21*	checkbox, Required		
			1	facility___1	Hospital (including emergency department)
			2	facility___2	Free-standing Emergency Department
			3	facility___3	Urgent Care Clinic
			4	facility___4	Outpatient Clinic {facility_out}
			5	facility___5	Outpatient Dialysis Center
			6	facility___6	Nursing Home or Skilled Nursing Facility
			7	facility___7	Residential Hospice
			8	facility___8	Patient Homes (Home Health)
			9	facility___9	Ambulance or Air Ambulance
			10	facility___10	Office Building (facility with no patient care areas)
			11	facility___11	Other, please specify {facility_oth}
			Custom alignment: LV		
148	facility_oth Show the field ONLY if: [baseline_arm_1][facility(11)] = "1"	Please specify. *ef1765_eip21*	text		
149	facility_out Show the field ONLY if: [baseline_arm_1][facility(4)] = "1"	What type of clinic? *ef1238_eip21*	radio, Required		
			1		Primary care clinic (e.g., pediatric, family medicine, general internal medicine, including multi-specialty clinics that include primary care)
			2		Specialty clinic
			3		Other outpatient clinics (including dental clinics)
			Custom alignment: LV		

150	area	In which department/practice environment(s) do you work, study, or volunteer? [select all that apply] *ef3433_eip22*	checkbox, Required		
			1	area___1	Administrative Offices - Non-Public Facing
			2	area___2	Cafeteria/Dining Room
			3	area___3	Clinical laboratory - Anatomic Pathology
			4	area___4	Clinical laboratory - Clinical Pathology
			5	area___5	Clinical laboratory - Other laboratory type (not clinical pathology or anatomic pathology)
			6	area___6	Dentistry
			7	area___7	Diagnostic laboratory (e.g., pulmonary function testing, etc.)
			8	area___8	Kitchen
			9	area___9	Emergency department
			10	area___10	Emergency medical services/ambulance/air transport
			11	area___11	Endoscopy Suite
			12	area___12	Home health/patient home/private residence
			13	area___13	Inpatient (Medical/surgical) floor/ward - not a COVID-19 unit
			30	area___30	Inpatient (Medical/surgical) floor/ward - COVID-19 unit
			29	area___29	Inpatient psychiatric floor/ward
			14	area___14	Intensive care unit - not a COVID-19 unit
			31	area___31	Intensive care unit - COVID-19 unit
			15	area___15	Nursing home/skilled nursing facility
			16	area___16	Operating room
			17	area___17	Outpatient clinic
			18	area___18	Pharmacy
			19	area___19	Public-facing hallways, entrances, etc.
			20	area___20	Radiology - Diagnostic
			21	area___21	Radiology - Interventional
			28	area___28	Reception area - Public facing
			22	area___22	Research - Clinical
			23	area___23	Research - Laboratory (non-clinical)
			24	area___24	Teaching - Classroom
			25	area___25	Transport within the hospital
			26	area___26	Telemedicine program
			27	area___27	Other, please specify {area_oth}
			Custom alignment: LV		
151	area_oth Show the field ONLY if: [baseline_arm_1][area(27)] = "1"	Please list other: *ef2511*	text		

152	workhrs	Approximately how many hours do you work inside your workplace each week (hospital, laboratory, etc.), on average? Please do NOT include any time you spend working from home. *ef3794*	radio, Required 1 36 hours or more (full-time) 2 25-36 hours 3 13-24 hours 4 12 or fewer hours Custom alignment: LV
153	ppetrain	What type of training have you had in the use of personal protective equipment (PPE) (e.g., facemasks, respirators, eye protection, gowns, etc.) at your current place of employment? [select all that apply] *ef3606*	checkbox, Required 1 ppetrain___1 Individual in-person session in which I was observed putting PPE on and removing it properly 2 ppetrain___2 Individual in-person demonstration in which I only watched 3 ppetrain___3 Group in-person session in which I was observed putting PPE on and removing it properly 4 ppetrain___4 Group in-person demonstration in which I only watched 5 ppetrain___5 Online training (video, reading material) 6 ppetrain___6 None - I have not completed any online training or employer required/directed training Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"
154	ppecomfort	Please rate your comfort with being able to properly use recommended PPE. *ef2882*	radio, Required 1 Very comfortable 2 Somewhat comfortable 3 Somewhat uncomfortable 4 Very uncomfortable Custom alignment: LV
155	covpt_4wks	In the 4 weeks before your illness, how likely is it that you have personally provided care or interacted directly with an actively infected COVID-19 patient, even if you did not know that person was infected? *ef1244*	radio, Required 1 Certain I did 2 Very likely 3 Likely 4 Unlikely 5 Very unlikely 6 Certain I did not Custom alignment: LV
156	cc_work	Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have any close contact with a PATIENT with suspected or confirmed COVID-19?Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef2310 _eip23*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV

157	ppematrixheading Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	In the next section, you will be asked about your use of personal protective equipment (PPE). If you have interacted with or provided care to a known or presumed COVID-19 infected patient recently, please report what types of PPE you wore when you cared for that patient. If you have not recently interacted with or provided care to a COVID-19 patient, please report the types of PPE you WOULD wear if you were asked to see a patient with COVID-19 (suspected or confirmed). What personal protective equipment were you wearing during patient care activities?	descriptive

158	act_gloves Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Glovesef1897eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

159	act_mask Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Facemaskef2546eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

160	act_resp Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	N-95 respirator or equivalent (a special type of face mask that doesn't let small droplets come through)ef1657eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

161	act_gown Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Gownef1897eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

162	act_papr Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Positive air-purifying respirator (PAPR, CAPR)ef2378eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

163	act_gogg Show the field ONLY if: [baseline_arm_1][cc_work] <> "0"	Goggles or face shieldef1798eip24	radio (Matrix), Required

			1	All the time
			2	Most of the time
			3	Sometimes
			4	Rarely or never
			5	In my job, I would never be interacting with or providing care to COVID-19 patients

164	source Show the field ONLY if: [baseline_arm_1][cc_work] = "1"	If you were to see a patient with suspected or confirmed COVID-19 in your facility, how likely is it that he/she would be wearing a surgical or procedure mask (if not on a ventilator)? *ef4252*	radio, Required 	1	Very likely
2	Likely
3	Unlikely
4	Very unlikely	 Custom alignment: LV
165	agp Show the field ONLY if: [baseline_arm_1][cc_work] = "1"	Between [screening_arm_1][start_index] to [screening_arm_1][indexdt], have you participated in any aerosol-generating procedures for known or presumed COVID-19 infected patients? Aerosol-generating procedures include any of the following: airway suctioning, disrupting a mechanical ventilation circuit (intentionally or unintentionally), bronchoscopy, chest physiotherapy, cardiac arrest/cardiopulmonary resuscitation, high-flow oxygen delivery, high-frequency oscillatory ventilation, endotracheal intubation, mini-bronchoalveolar lavage, manual (bag) ventilation, nebulizer treatments, non-invasive positive pressure ventilation (BiPap, CPAP), sputum induction, dental procedures, or other similar procedures. *ef3908_eip26*	radio, Required 	1	Yes
0	No
2	Not Sure	 Custom alignment: LV
166	cc_other	In the period between [screening_arm_1][start_index] to [screening_arm_1][indexdt], did you have close contact with a person with known or suspected COVID-19 infection who was NOT a patient WHILE YOU WERE WORKING in your facility? Please select all that apply.Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef1257_eip22a*	checkbox, Required | 1	cc_other___1	Yes - a coworker
2	cc_other___2	Yes - a visitor
3	cc_other___3	Yes - someone who was not a patient, coworker, or visitor
0	cc_other___0	No
4	cc_other___4	Not sure	 Custom alignment: LV Field Annotation: @NONEOFTHEABOVE
167	social	In a normal workday (before your recent illness), how often were you able to practice social distancing from your co-workers? Social distancing means that you stay at least 6 feet away from other people, regardless of whether you are wearing a mask. *ef4807_eip29*	radio, Required 	1	All of the time
2	Most of the time
3	Sometimes
4	Rarely or never	 Custom alignment: LV
168	universal	In a normal workday between [screening_arm_1][start_index] and [screening_arm_1][indexdt], how often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking])? Do NOT include bandanas or cloth masks. *ef3142_eip30*	radio, Required 	1	All of the time
2	Most of the time
3	Sometimes
4	Rarely or never	 Custom alignment: LV
169	cc_comm	Section Header: *Outside of Work* Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of the healthcare facility where you work who had confirmed COVID-19? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef4754_eip18*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV

170	ill	Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], have you had any known close contact with anyone outside of a healthcare facility who was ill? Close contact is defined as being within 6 feet of a person for at least 15 cumulative minutes over a 24-hour period (regardless of the use of personal protective equipment) either while that person is symptomatic, up to 2 days before they were symptomatic, or up to 2 days before a positive COVID-19 test. *ef1733_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV
171	mass	Section Header: *Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did you:* Attend a gathering that included people other than your household members (e.g., religious event, wedding, party, dance, concert, banquet, funeral, festival, sports event, or other event)?ef4125eip19	radio (Matrix), Required 1 Yes 0 No
172	eat_indoors	Eat indoors in a restaurant, bar, or coffee shop?ef3247	radio (Matrix), Required 1 Yes 0 No
173	gym	Go to a gym to exercise while other people were there?ef5544	radio (Matrix), Required 1 Yes 0 No
174	trans	Use any public transportation (e.g., bus, train, airplane, boat)? ef2365eip19	radio (Matrix), Required 1 Yes 0 No
175	shared	Use shared transportation, such as a carpool, vanpool, taxi, or ride sharing service (e.g., Uber or Lyft)?ef1457eip19	radio (Matrix), Required 1 Yes 0 No
176	shop	Shop for items (e.g., groceries, prescriptions, home goods, clothing) in a store?ef4527	radio (Matrix), Required 1 Yes 0 No
177	salon	Go to a salon or barber (e.g., hair salon, nail salon)?ef4527	radio (Matrix), Required 1 Yes 0 No
178	social_gatherless	Have people visit you inside your home or go inside someone else's home with less than 10 people who do not live in your household? ef1258	radio (Matrix), Required 1 Yes 0 No
179	social_gathermore	Have people visit you inside your home or go inside someone else's home with more than 10 people who do not live in your household? ef47915	radio (Matrix) 1 Yes 0 No
180	outside_maskbef	Before your recent illness, how often did you wear face masks or face coverings to cover your mouth and nose outside of work while indoors in public? *ef4309*	radio, Required 1 Always 2 Sometimes 3 Rarely 4 Never Custom alignment: LV

181	hhold	Section Header: *Your Living Situation* I currently live with: [select all that apply] *ef3458*	checkbox, Required

			1	hhold___1	No one (I live alone)
			2	hhold___2	Spouse or significant other
			3	hhold___3	Roommate(s)
			4	hhold___4	Child/children
			5	hhold___5	Parents, grandparents, aunts, uncles, or other family not including a spouse/significant other and/or children

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "1"

182	hhold_n Show the field ONLY if: [baseline_arm_1][hhold(2)] = '1' or [baseline_arm_1][hhold(3)]='1' or [baseline_arm_1][hhold(4)]='1' or [baseline_arm_1][hhold(5)]='1'	How many total people, including yourself, live in your home or unit? If you live in a multi-unit housing, do not include the total number of people in your complex - just those who live in your unit. *ef2805*	text (integer, Max: 10), Required Custom alignment: LV

183	house	Between [screening_arm_1][start_index] and [screening_arm_1][indexdt], did any of your household members, friends, acquaintances, or co-workers have fever or respiratory symptoms (e.g., cough, sore throat)? *ef4497*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV

184	day	Do you attend or work at a school or daycare? If you pick up children from school or daycare only, please respond "no". *ef4350_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV

185	houday Show the field ONLY if: [baseline_arm_1][hhold(1)] <> "1"	Do you have a household member who attends or works in person at a school or daycare? *ef4846_eip19*	yesno, Required 1 Yes 0 No Custom alignment: LV

186	stopwork	Section Header: *Return to work* Did you stop working at any time related to your current/recent illness/exposure (for which you were tested)? *ef1889*	yesno, Required 1 Yes 0 No Custom alignment: LV

187	stopworkdt Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	On what date did you stop working? This would be the first date that you did NOT work. *ef1216*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

188	stopwork_who Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	Who was responsible for the decision for you to stop working? [select all that apply] *ef1095*	checkbox, Required

			1	stopwork_who___1	My employee/occupational health clinic
			2	stopwork_who___2	My department head/supervisor
			3	stopwork_who___3	My primary care provider or another personal physician/provider
			4	stopwork_who___4	It was my decision
			6	stopwork_who___6	It was required by policy of my employer
			5	stopwork_who___5	Other, please specify {stopwork_whospec}

Custom alignment: LV

189	stopwork_whospec Show the field ONLY if: [baseline_arm_1][stopwork_who(5)] = "1"	Who? *ef4314*	text

190	stopwork_why Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	What was the reason you stopped working? [select all that apply] *ef2960*	checkbox, Required

			1	stopwork_why___1	I had symptoms of COVID-19
			2	stopwork_why___2	Positive COVID-19 test (throat or nose swab)
			3	stopwork_why___3	I was quarantined because of a high-risk exposure
			4	stopwork_why___4	Other, please specify {stopwork_whyspec}

Custom alignment: LV

191	stopwork_whyspec Show the field ONLY if: [baseline_arm_1][stopwork_why(4)] = "1"	Why? *ef3843*	text Custom alignment: LV

192	returnwork Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	Have you returned to work now? *ef4196*	yesno, Required

			1	Yes
			0	No

Custom alignment: RH

193	returnworkdt Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	On what date (approximately) did you return to work? *ef1047*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @HIDEBUTTON @NOTFUTURE

194	returnwork_who Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *ef2033*	checkbox, Required

			1	returnwork_who___1	My employee/occupational health clinic
			2	returnwork_who___2	My department head/supervisor
			3	returnwork_who___3	My primary care provider or another personal physician/provider
			6	returnwork_who___6	I followed the policy of my employer
			4	returnwork_who___4	It was my decision
			5	returnwork_who___5	Other, please specify {returnwork_whospec}

Custom alignment: LV

195	returnwork_whospec Show the field ONLY if: [baseline_arm_1][returnwork_who(5)] = "1"	Who? *ef3198*	text		
196	returnwork_self Show the field ONLY if: [baseline_arm_1][returnwork_who(4)] = "1"	How did you decide that you could return to work? [select all that apply] *ef2034*	checkbox, Required		
			1	returnwork_self___1	My symptoms had resolved, so I decided to go back to work
			2	returnwork_self___2	I felt better, but I still had symptoms
			3	returnwork_self___3	I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work
			4	returnwork_self___4	I had a follow-up test and it was negative
			Custom alignment: LV		
197	returnworksx Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	When you returned to work, had your symptoms improved? *ef4991*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV		
198	returnwork_fever Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	When you returned to work, had your fever resolved without the use of fever-reducing medications (e.g., acetaminophen [Tylenol], ibuprofen [Advil])? *ef4251*	radio, Required 1 Yes 0 No 2 Not sure Custom alignment: LV		
199	returnwork_sxgone Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? *ef1415*	yesno, Required 1 Yes 0 No Custom alignment: LV		

200	returnwork_sxremain Show the field ONLY if: [baseline_arm_1][returnwork_sxgone] = "0"	Which of the following symptoms did you still have when you returned to work? *ef3160*	checkbox, Required

16	returnwork_sxremain___16	Abdominal pain
19	returnwork_sxremain___19	Bruised toes or feet
6	returnwork_sxremain___6	Changes in my ability to smell or taste
10	returnwork_sxremain___10	Chest pain or chest tightness
7	returnwork_sxremain___7	Chills
2	returnwork_sxremain___2	Cough
15	returnwork_sxremain___15	Diarrhea
18	returnwork_sxremain___18	Fatigue (unusual feeling of tiredness)
4	returnwork_sxremain___4	Fever (greater than 100°F or 37.8°C)
9	returnwork_sxremain___9	Headache
17	returnwork_sxremain___17	Loss of appetite
5	returnwork_sxremain___5	Myalgia (muscle aches)
14	returnwork_sxremain___14	Nausea (sick to your stomach) or vomiting
12	returnwork_sxremain___12	Rhinorrhea (runny nose)
8	returnwork_sxremain___8	Rigors (sudden feeling of cold with shaking)
3	returnwork_sxremain___3	Severe respiratory illness, including pneumonia
1	returnwork_sxremain___1	Shortness of breath or difficulty breathing
13	returnwork_sxremain___13	Sinus or nasal congestion
11	returnwork_sxremain___11	Sore throat

Custom alignment: LV

201	hholdprec Show the field ONLY if: [baseline_arm_1][stopwork] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *ef3440*	checkbox, Required

1	hholdprec___1	I moved out of my residence
2	hholdprec___2	I stayed in my residence, but I was completely isolated from my family (stayed in another part of the home during day time and sleeping)
3	hholdprec___3	I stayed in my residence and used a separate bathroom
4	hholdprec___4	I stayed in my residence and ate my meals separately
5	hholdprec___5	I stayed in my residence and routinely wore a mask
6	hholdprec___6	None of these, or I live alone
7	hholdprec___7	Other, please specify {hholdprec_spec}

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "6"

202	hholdprec_spec Show the field ONLY if: [baseline_arm_1][hholdprec(7)] = "1"	What? *ef2754*	text

203	returnwork_negtest Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Before you went back to work, were you required to have negative COVID-19 testing? *ef2884*	radio, Required

				1	Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test

radio, Required

1	Yes - I was required to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test
2	Yes - I was required to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test
3	No - I was able to return to work after a certain time from my COVID-19 test or symptoms had passed
4	No - I was able to return to work as soon as my symptoms resolved

Custom alignment: LV

204	missedworkn Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Approximately how many previously scheduled work days did you miss for this episode of illness. For instance, if you were off work for 7 calendar days but were only scheduled to work 3 of those days, please answer "3". *ef1321*	text, Required Custom alignment: LV

205	returnwork_addprec Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	Did you take any additional precautions when you returned to work (that you would not have used previously)? [select all that apply] If your precautions did not change, please answer NO. *ef3980*	checkbox, Required

1	returnwork_addprec___1	Yes - I wore more personal protective equipment, or the same PPE more often, when I returned to work
2	returnwork_addprec___2	Yes - I did not work in shared workspaces
3	returnwork_addprec___3	Yes - I worked a different schedule when I returned to work
4	returnwork_addprec___4	Yes - I took care of different types of patients when I returned to work
5	returnwork_addprec___5	No - I used the same procedures and precautions as before

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "5"

206	universal_often Show the field ONLY if: [baseline_arm_1][returnwork] = "1"	How often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking]) after recovering from your recent illness? *ef1320*	radio, Required

1	All the time
2	Most of the time
3	Sometimes
4	Rarely or never

Custom alignment: LV

207	med_cond	Section Header: *Your Medical History* Have you been diagnosed with any the following chronic medical conditions by a healthcare provider? [select all that apply] *ef2279_eip37*	checkbox, Required

			checkbox, Required		
			1	med_cond___1	Asthma
			2	med_cond___2	Allergic rhinitis
			3	med_cond___3	COPD/Emphysema
			4	med_cond___4	Other chronic lung disease
			5	med_cond___5	Hypertension (high blood pressure)
			6	med_cond___6	Coronary artery disease
			7	med_cond___7	Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker)
			8	med_cond___8	Stroke
			9	med_cond___9	Diabetes mellitus, type I
			10	med_cond___10	Diabetes mellitus, type II
			27	med_cond___27	Diabetes mellitus, unspecified type
			11	med_cond___11	Chronic kidney disease
			12	med_cond___12	Dialysis
			13	med_cond___13	Solid organ transplant (kidney, liver, lungs, heart)
			14	med_cond___14	Hematopoietic stem cell transplant
			15	med_cond___15	Autoimmune or rheumatologic disease
			26	med_cond___26	Other immunosuppressing condition
			16	med_cond___16	Active cancer
			17	med_cond___17	Deep vein thrombosis or pulmonary embolism
			18	med_cond___18	Chronic liver disease
			19	med_cond___19	Depression or other mood disorder
			20	med_cond___20	Anxiety/obsessive-compulsive/trauma or stressor related disorder
			21	med_cond___21	Other mental health condition
			22	med_cond___22	Movement or motor disorders
			31	med_cond___31	Alcohol use disorder
			29	med_cond___29	Sleep disorder
			30	med_cond___30	Cognitive/neurodevelopmental disorder
			23	med_cond___23	Other medical conditions, please specify {condoth_desc}
			24	med_cond___24	None of these
			25	med_cond___25	Prefer not to answer

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "24"

208	condoth_desc Show the field ONLY if: [baseline_arm_1][med_cond(23)] = "1"	Please specify your other medical condition(s). *ef2873*	text

#	Variable / Field Name	Field Label	Field Attributes
209	recent_a1c Show the field ONLY if: [baseline_arm_1][med_cond(9)] = "1" or [baseline_arm_1][med_cond(10)] = "1" or [baseline_arm_1][med_cond(27)] = "1"	Do you know what your most recent hemoglobin A1C was? *ef3607*	yesno, Required 1 Yes 0 No Custom alignment: LV
210	a1c Show the field ONLY if: [baseline_arm_1][recent_a1c] = "1"	What was it (estimate is okay)? *ef1387*	text, Required Custom alignment: LV
211	immeds	Do you currently take any immune suppressing medications (for autoimmune disease, rheumatoid arthritis, organ transplant, or otherwise) or chemotherapy? *ef2789_eip38*	radio, Required 1 Yes 0 No 2 Prefer not to answer Custom alignment: LV
212	smoke	Which best characterizes your smoking status (includes tobacco, e-cigarettes, vaping, or marijuana)? *ef3689_eip40/41*	radio, Required 0 Never smoked 1 Current smoker (defined as any use within the last 30 days) 2 Former smoker (defined as a previous user with no use within the last 30 days) 3 Prefer not to answer Custom alignment: LV
213	smoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "1"	How many years have you been smoking/vaping (approximately)? Please round to the nearest year, and if started smoking/vaping less than 1 year ago, please enter 1 year. *ef1698_eip41*	text, Required Custom alignment: LV
214	frsmoke_yrs Show the field ONLY if: [baseline_arm_1][smoke] = "2"	How many total years did you smoke/vape before you quit (approximately)? Please round to the nearest year, and if you have smoked/vaped for less than 1 year, please enter 1 year. *ef1094_eip41a*	text, Required Custom alignment: LV
215	frsmoke_qt Show the field ONLY if: [baseline_arm_1][smoke] = "2"	How many years ago did you quit (approximately)? Please round to the nearest year, and if you quit less than 1 year ago, please enter 1 year. *ef2193_eip41b*	text, Required Custom alignment: LV
216	preg	Are you currently pregnant? *ef3375_eip37*	radio, Required 1 Yes 0 No 2 Prefer not to answer Custom alignment: LV
217	preg_wk Show the field ONLY if: [baseline_arm_1][preg] = "1"	How many weeks of pregnancy were you at the time of your COVID-19 test on [screening_arm_1][covdt]? Please round to the nearest week. *ef4539_eip37*	text (integer, Min: 0, Max: 45), Required Custom alignment: LV
218	height	What is your height (inches)? 4ft 10in = 58 inches 5ft 0in = 60 inches 5ft 2in = 62 inches 5ft 4in = 64 inches 5ft 6in = 66 inches 5ft 8in = 68 inches 5ft 10in = 70 inches 6ft 0in = 72 inches 6ft 2in = 74 inches *ef2619_eip33*	text (integer, Min: 54, Max: 80), Required
219	weight	What is your weight (pounds)? *ef3210_eip34*	text (integer, Min: 80, Max: 400), Required

220	sex	Section Header: *Demographics* What sex were you assigned at birth, on your original birth certificate? *ef2435_eip36*	radio <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Refused</td></tr><tr><td>4</td><td>I don't know</td></tr></table> Custom alignment: LV
221	sex_describe	How do you currently describe yourself? *ef4403_eip31a*	radio <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Transgender</td></tr><tr><td>4</td><td>None of these</td></tr></table> Custom alignment: LV
222	ethnicity	How do you define your ethnicity? *ef4387_eip35*	radio <table><tr><td>1</td><td>Hispanic or Latino</td></tr><tr><td>0</td><td>Not Hispanic or Latino</td></tr></table> Custom alignment: LV
223	race	How do you define your race [select all that apply]? *ef4637_eip36*	checkbox <table><tr><td>1</td><td>race___1</td><td>American Indian or Alaska Native</td></tr><tr><td>2</td><td>race___2</td><td>Asian</td></tr><tr><td>3</td><td>race___3</td><td>Black or African American</td></tr><tr><td>4</td><td>race___4</td><td>Native Hawaiian or other Pacific Islander</td></tr><tr><td>5</td><td>race___5</td><td>White</td></tr></table> Custom alignment: LV
224	education	What is your highest level of education completed? *ef2601_eip42*	radio <table><tr><td>1</td><td>Less than high school</td></tr><tr><td>2</td><td>Some high school</td></tr><tr><td>3</td><td>High school diploma or GED</td></tr><tr><td>4</td><td>Some college, without a college degree</td></tr><tr><td>5</td><td>Technical degree or Associate degree</td></tr><tr><td>6</td><td>Bachelor's degree</td></tr><tr><td>7</td><td>Master's degree</td></tr><tr><td>8</td><td>Doctoral or professional degree</td></tr></table> Custom alignment: LV
225	income	What is your yearly household income? *e1221_eip43*	radio <table><tr><td>1</td><td>Less than $25,000</td></tr><tr><td>2</td><td>$25,000 to $49,999</td></tr><tr><td>3</td><td>$50,000 to $74,999</td></tr><tr><td>4</td><td>$75,000 to $99,999</td></tr><tr><td>5</td><td>$100,000 to $199,999</td></tr><tr><td>6</td><td>$200,000 or more</td></tr><tr><td>7</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV

226	insur_provider	What is your primary health insurance type? *ef3868_eip44/45*	radio | 1	Private insurance
2	Military
3	Medicare
4	Medicaid or state assistance program
5	Indian Health Service
6	Other, please specify {ins_provspec}
0	I do not have health insurance	 Custom alignment: LV
227	ins_provspec Show the field ONLY if: [baseline_arm_1][insur_provider] ="6"	Please specify *ef2796*	text
228	insur_covtype Show the field ONLY if: [baseline_arm_1][insur_provider] <> "0"	What type of coverage does your primary health insurance provide? *ef3579*	radio | 1	Full coverage
2	Partial coverage (e.g., emergencies only, hospitalizations only)
3	Unknown	 Custom alignment: LV
229	remindermsg Show the field ONLY if: [baseline_arm_1][totalcovidtests] > "0" or [baseline_arm_1][cov19vacc] = "1" or [baseline_arm_1][flu] = "1"	REMINDER: If you have COVID-19 test records to upload now, please use the 'Testing Verification Form'. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result If you have vaccine records to upload now, please use the 'Vaccine Verification Form'. For vaccines, we need an official document showing: Your name Date administered Vaccine type (COVID, influenza) Manufacturer (and lot number, if available) If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date.Files can be uploaded as a photograph or pdf.	descriptive
230	baseline_enrollment_survey_complete	Section Header: *Form Status* Complete?	dropdown | 0	Incomplete
1	Unverified
2	Complete	

Instrument: **Follow-up Final Survey Participant** (followup_final_survey_participant) 🖥 Enabled as survey ⌃ Collapse			
231	followupdt	Follow-up date complete *fu3421*	text (date_mdy) Field Annotation: @HIDDEN-SURVEY @TODAY
232	days_index	Calculation: Days between index and baseline survey	calc Calculation: datediff([screening_arm_1][indexdt], [baseline_arm_1][baselinedt], 'd') Field Annotation: @HIDDEN
233	rcv_covidvacc	Calculation: Received covid vaccine (calculation across baseline variables and CT follow-up 1)	calc Calculation: if ([baseline_arm_1][cov19vacc]='1',1, if ([baseline_arm_1][clintrial_arm]='1',1, if ([baseline_arm_1][clintrial_plac]='1',1, if([ct_check_1_arm_1][clintrial_alloc]='1', 1, 0)))) Field Annotation: @HIDDEN
234	followup_testing Show the field ONLY if: [followup_arm_1][days_index] <14	Your last survey was completed on [baseline_arm_1][baselinedt]. Did you have any additional COVID-19 tests between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]? *fu4786*	yesno, Required | 1	Yes
0	No	 Custom alignment: LV
235	addlcovidtests Show the field ONLY if: [followup_arm_1][followup_testing] = "1"	How many additional COVID-19 nasal, nasopharyngeal, or saliva tests have you had? *fu1574*	text, Required Custom alignment: LV

236	covtesting_2 Show the field ONLY if: [followup_arm_1][followup_testing] = "1"	COVID Test 4 COVID Test 5 COVID Test 6 On what date was the test performed? {covtestdate4} {covtestdate5} {covtestdate6} Where was your test performed? {covtestloc4} {covtestloc5} {covtestloc6} What was the reason? {covtestwhy4} {covtestwhy5} {covtestwhy6} How would you like us to get your results? {covtestverify4} {covtestverify5} {covtestverify6}	descriptive
237	fp_test_date_warn_1 Show the field ONLY if: ((([followup_arm_1][covtestdate4]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate4], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate4]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate4], "d", "mdy", true)>0))	The testing date reported in 'COVID test 4' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
238	fp_test_date_warn_2 Show the field ONLY if: ((([followup_arm_1][covtestdate5]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate5], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate5]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate5], "d", "mdy", true)>0))	The testing date reported in 'COVID test 5' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
239	fp_test_date_warn_3 Show the field ONLY if: ((([followup_arm_1][covtestdate6]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][covtestdate6], "d", "mdy", true)<0))) or ([followup_arm_1][covtestdate6]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][covtestdate6], "d", "mdy", true)>0))	The testing date reported in 'COVID test 6' occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
240	covtestdate4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	On what date (approximately) was this test performed? *fu4558*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

241	covtestloc4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	Where was your test performed? *fu3005*	radio, Required

			1	Employee health/occupational health clinic
			2	Employer-sponsored testing center
			3	Personal health care provider
			4	Public testing center not affiliated with my place of employment
			5	Emergency department or walk-in clinic (urgent care)
			6	In the hospital because I was being admitted for an overnight stay
			7	Someplace else {covtestlocspec4}

Custom alignment: LV

242	covtestlocspec4 Show the field ONLY if: [followup_arm_1][covtestloc4] = "7"	Where? *fu3788*	text

243	covtestwhy4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	What was the reason the test was performed? *fu4620*	checkbox, Required

1	covtestwhy4___1	I had symptoms that could have been caused by COVID-19
2	covtestwhy4___2	I had an occupational or workplace exposure
3	covtestwhy4___3	I had exposure outside of the workplace
4	covtestwhy4___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
5	covtestwhy4___5	Other {covtestwhyspec4}
6	covtestwhy4___6	Not sure

Custom alignment: LV

244	covtestwhyspec4 Show the field ONLY if: [followup_arm_1][covtestwhy4(5)] = "1"	Why? *fu1632*	text

245	covtestverify4 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "1"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1969*	radio, Required

1	Contact my occupational/employee health clinic.
2	Contact my health care provider.
3	Contact the public testing center.
4	I will provide a copy of my test result myself now (photo or pdf).
5	I will provide a copy of my test result myself when it is available (photo or pdf).

Custom alignment: LV

246	covtestdate5 Show the field ONLY if: [followup_arm_1][addlcovidtests] <> "" and [followup_arm_1][addlcovidtests] >= "2"	On what date (approximately) was this test performed? *fu3706*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

247	covtestloc5 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "2"	Where was your test performed? *fu1237*	radio, Required

			1	Employee health/occupational health clinic
			2	Employer-sponsored testing center
			3	Personal health care provider
			4	Public testing center not affiliated with my place of employment
			5	Emergency department or walk-in clinic (urgent care)
			6	In the hospital because I was being admitted for an overnight stay
			7	Someplace else {covtestlocspec5}

Custom alignment: LV

248	covtestlocspec5 Show the field ONLY if: [followup_arm_1][covtestloc5] = "7"	Where? *fu3728*	text

249	covtestwhy5 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "2"	What was the reason the test was performed? *fu3728*	checkbox, Required

	covtestwhy5___1	I had symptoms that could have been caused by COVID-19
1	covtestwhy5___1	I had symptoms that could have been caused by COVID-19
2	covtestwhy5___2	I had an occupational or workplace exposure
3	covtestwhy5___3	I had exposure outside of the workplace
4	covtestwhy5___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
5	covtestwhy5___5	Other {covtestwhyspec5}
6	covtestwhy5___6	Not sure

Custom alignment: LV

250	covtestwhyspec5 Show the field ONLY if: [followup_arm_1][covtestwhy5 (5)] = "1"	Why? *fu4984*	text

251	covtestverify5 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "2"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1360*	radio, Required

			1	Contact my occupational/employee health clinic.
			2	Contact my health care provider.
			3	Contact the public testing center.
			4	I will provide a copy of my test result myself now (photo or pdf).
			5	I will provide a copy of my test result myself when it is available (photo or pdf).

Custom alignment: LV

252	covtestdate6 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "3"	On what date (approximately) was this test performed? *fu1212*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON

253	covtestloc6 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "3"	Where was your test performed? *fu1212*	radio, Required

			1	Employee health/occupational health clinic
			2	Employer-sponsored testing center
			3	Personal health care provider
			4	Public testing center not affiliated with my place of employment
			5	Emergency department or walk-in clinic (urgent care)
			6	In the hospital because I was being admitted for an overnight stay
			7	Someplace else {covtestlocspec6}

Custom alignment: LV

254	covtestlocspec6 Show the field ONLY if: [followup_arm_1][covtestloc6] = "7"	Where? *fu1212*	text

255	covtestwhy6 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "3"	What was the reason the test was performed? *fu2680*	checkbox, Required

		1	covtestwhy6___1	I had symptoms that could have been caused by COVID-19
		2	covtestwhy6___2	I had an occupational or workplace exposure
		3	covtestwhy6___3	I had exposure outside of the workplace
		4	covtestwhy6___4	Routine screening in absence of COVID-19 symptoms (for example, by your employer or required for overnight hospital stay or procedure)
		5	covtestwhy6___5	Other {covtestwhyspec6}
		6	covtestwhy6___6	Not sure

Custom alignment: LV

256	covtestwhyspec6 Show the field ONLY if: [followup_arm_1][covtestwhy6 (5)] = "1"	Why? *fu2559*	text

257	covtestverify6 Show the field ONLY if: [followup_arm_1][addlcovidte sts] <> "" and [followup_arm_ 1][addlcovidtests] >= "3"	We need to verify the results of your COVID-19 test. How would you like us to get the results of your COVID-19 test? *fu1081*	radio, Required

			1	Contact my occupational/employee health clinic.
			2	Contact my health care provider.
			3	Contact the public testing center.
			4	I will provide a copy of my test result myself now (photo or pdf).
			5	I will provide a copy of my test result myself when it is available (photo or pdf).

Custom alignment: LV

258	coviduploadmsg2 Show the field ONLY if: [followup_arm_1][covtestverif y4] = "4" or [followup_arm_1] [covtestverify5] = "4" or [follo wup_arm_1][covtestverify6] = "4" or [followup_arm_1][covte stverify4] = "5" or [followup_ar m_1][covtestverify5] = "5" or [f ollowup_arm_1][covtestverify 6] = "5"	If you have COVID-19 test records to upload now, please use the 'Testing Verification Form' to upload these results after you have completed the baseline survey.If you need to upload records at a later time, you will receive an e-mail with a link where you can provide verification at a later date. For tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result Files can be uploaded as a photograph or pdf. *ef3603*	descriptive

| 259 | addtl_testing2

Show the field ONLY if:
[followup_arm_1][days_index]
<14 | Your last survey was completed on [baseline_arm_1][baselinedt]. Did you have any additional testing (influenza, respiratory viruses/bacteria, urine) between [baseline_arm_1][baselinedt] and [screening_arm_1][end_index]?
fu4192 | yesno, Required

| 1 | Yes |
0	No	 Custom alignment: LV
260	addltest_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Please indicate which additional tests you have had and provide the date of testing. Test Completed Date Influenza {influenza_2} {influenzadate_2} Other respiratory viruses (adenovirus, rhinovirus) {respvirus_2} {respvirusdate_2} Respiratory bacteria (mycoplasma, streptococcus) {respbac_2} {respbacdate_2} Urine testing (legionella) {urine_2} {urinedate_2}	descriptive
261	fp_infl_test_date_warn Show the field ONLY if: (([followup_arm_1][influenzadate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][influenzadate_2], "d", "mdy", true)<0))) or ([followup_arm_1][influenzadate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][influenzadate_2], "d", "mdy", true)>0))	The testing date reported for influenza occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
262	fp_oth_test_date_warn Show the field ONLY if: (([followup_arm_1][respvirusdate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][respvirusdate_2], "d", "mdy", true)<0))) or ([followup_arm_1][respvirusdate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][respvirusdate_2], "d", "mdy", true)>0))	The testing date reported for other respiratory viruses occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
263	fp_oth_bac_test_date_warn Show the field ONLY if: (([followup_arm_1][respbacdate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][respbacdate_2], "d", "mdy", true)<0))) or ([followup_arm_1][respbacdate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][respbacdate_2], "d", "mdy", true)>0))	The testing date reported for other respiratory bacteria occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive

264	fp_urine_test_date_warn Show the field ONLY if: ((([followup_arm_1][urinedate_2]<>"" and [baseline_arm_1][baselinedt]<>"" and (datediff([baseline_arm_1][baselinedt], [followup_arm_1][urinedate_2], "d", "mdy", true)<0))) or ([followup_arm_1][urinedate_2]<>"" and [screening_arm_1][end_index]<>"" and (datediff([screening_arm_1][end_index], [followup_arm_1][urinedate_2], "d", "mdy", true)>0))	The urine testing date reported occurs outside of the date range of [baseline_arm_1][baselinedt] to [screening_arm_1][end_index]. Please revise this testing date.	descriptive
265	influenza_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Influenza *fu3275*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
266	influenzadate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][influenza_2] = "1"	Please provide the date of testing *fu1990*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
267	respvirus_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory viruses (adenovirus, rhinovirus) *fu1386*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
268	respvirusdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respvirus_2] = "1"	Please provide the date of testing *fu3610*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
269	respbac_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Other respiratory bacteria (mycoplasma, streptococcus) *fu2958*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
270	respbacdate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][respbac_2] = "1"	Please provide the date of testing *fu3033*	text (date_mdy), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
271	urine_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1"	Urine testing (legionella) *fu3782*	radio, Required 1 Yes 0 No 2 I don't know Custom alignment: LV
272	urinedate_2 Show the field ONLY if: [followup_arm_1][addtl_testing2] = "1" and [followup_arm_1][urine_2] = "1"	Please provide the date of testing *fu4443*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON

| 273 | addhlthcare

Show the field ONLY if:
[followup_arm_1][days_index]
<14 | Section Header: *Your Medical Care*
Your last survey was completed on [baseline_arm_1][baselinedt]. Have you seen a health care provider for any reason between [baseline_arm_1][baselinedt] and [screening_arm_1] [end_index]? Please include ALL health care visits to primary care clinic, urgent care/walk-in clinic, emergency department and hospital admissions for any reason except mental health. Hospital admission means that you stayed in the hospital overnight in an inpatient room or observation unit. Do not include a visit only for the purpose of testing if you did not see a healthcare provider.
fu3325 | yesno, Required

| 1 | Yes |
0	No	 Custom alignment: LV
274	hlthcareutilmsg_2 Show the field ONLY if: [addhlthcare]="1"	After you have completed this form, you will be asked to report details on each of these healthcare visits.	descriptive
275	blood_2 Show the field ONLY if: [followup_arm_1][days_index] < 14	In the period from [baseline_arm_1][baselinedt] and [screening_arm_1][end_index], did anyone (for example, a doctor, nurse, or lab technician) collect blood from you for COVID-19 testing? *fu3578*	radio, Required 	1	Yes
0	No
2	I don't know	 Custom alignment: LV
276	blood_result_2 Show the field ONLY if: [followup_arm_1][blood_2] = "1"	Do you know what the test result was? *fu4328*	radio, Required 	1	Yes. It was positive, meaning that it showed evidence of COVID-19 infection
2	Yes. It was negative, meaning that it showed NO evidence of COVID-19 infection
0	No. I don't know my result or it was indeterminate (neither positive or negative)	 Custom alignment: LV
277	returnwork_2 Show the field ONLY if: [baseline_arm_1][stopwork] = "1" and [baseline_arm_1][returnwork] = "0"	Section Header: *Your Job* Have you returned to work now? *fu3614*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
278	returnworkdt_2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	On what date (approximately) did you return to work? *fu3547*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: RH Field Annotation: @NOTFUTURE @HIDEBUTTON
279	returnwork_who2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Who was responsible for the decision for you to resume work? [select all that apply] *fu2103*	checkbox, Required | 1	returnwork_who2___1	My employee/occupational health clinic
2	returnwork_who2___2	My department head/supervisor
3	returnwork_who2___3	My primary care provider or another personal physician/provider
6	returnwork_who2___6	I followed the policy of my employer
4	returnwork_who2___4	It was my decision
5	returnwork_who2___5	Other {returnwork_whospec2}	 Custom alignment: LV
280	returnwork_whospec2 Show the field ONLY if: [followup_arm_1][returnwork_who2(5)] = "1"	Who? *fu4632*	text

281	returnworkself2 Show the field ONLY if: [followup_arm_1][returnwork_who2(4)] = "1"	How did you decide that you could return to work? [select all that apply] *fu4452*	checkbox, Required		
			1	returnworkself2___1	My symptoms had resolved, so I decided to go back to work
			2	returnworkself2___2	I felt better, but I still had symptoms
			3	returnworkself2___3	I used the guidelines of a national organization or my local health system to decide that I met criteria to return to work
			4	returnworkself2___4	I had a follow-up test and it was negative
			Custom alignment: LV		
282	returnworksx2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	When you returned to work, had your symptoms improved? *fu3945*	radio, Required		
			1	Yes	
			0	No	
			2	Not sure	
			Custom alignment: LV		
283	hholdprec2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	While you were at home away from work, did you take any new precautions to protect your household members [select all that apply]? *fu1441*	checkbox, Required		
			1	hholdprec2___1	I moved out of my residence
			2	hholdprec2___2	I stayed in my residence, but I am completely isolated from my family (stay in another part of the house during day time and sleeping)
			3	hholdprec2___3	I stayed in my residence and used a separate bathroom
			4	hholdprec2___4	I stayed in my residence and ate my meals separately
			5	hholdprec2___5	I stayed in my residence and routinely wore a mask
			6	hholdprec2___6	None of these, or I live alone
			7	hholdprec2___7	Other {hholdprec_spec2}
			Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "6"		
284	hholdprec_spec2 Show the field ONLY if: [followup_arm_1][hholdprec2(7)] = "1"	What? *fu2570*	text Custom alignment: LV		
285	returnwork_sxgone2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	At the time you returned to work, had ALL of your symptoms resolved (even if you tested negative for COVID-19)? *fu4739*	yesno, Required		
			1	Yes	
			0	No	
			Custom alignment: LV		

286	returnwork_sxremain2 Show the field ONLY if: [followup_arm_1][returnwork_sxgone2] = "0"	Which of the following symptoms did you still have when you returned to work? *fu1001*	checkbox, Required				

			16	returnwork_sxremain2___16	Abdominal pain
			19	returnwork_sxremain2___19	Bruised toes or feet
			6	returnwork_sxremain2___6	Changes in my ability to smell or taste
			10	returnwork_sxremain2___10	Chest pain or chest tightness
			7	returnwork_sxremain2___7	Chills
			2	returnwork_sxremain2___2	Cough
			15	returnwork_sxremain2___15	Diarrhea
			18	returnwork_sxremain2___18	Fatigue (unusual feeling of tiredness)
			4	returnwork_sxremain2___4	Fever (greater than 100°F or 37.8°C)
			9	returnwork_sxremain2___9	Headache
			17	returnwork_sxremain2___17	Loss of appetite
			5	returnwork_sxremain2___5	Myalgia (muscle aches)
			14	returnwork_sxremain2___14	Nausea (sick to your stomach) or vomiting
			12	returnwork_sxremain2___12	Rhinorrhea (runny nose)
			8	returnwork_sxremain2___8	Rigors (sudden feeling of cold with shaking)
			3	returnwork_sxremain2___3	Severe respiratory illness, including pneumonia
			1	returnwork_sxremain2___1	Shortness of breath or difficulty breathing
			13	returnwork_sxremain2___13	Sinus or nasal congestion
			11	returnwork_sxremain2___11	Sore throat

Custom alignment: LV

287	returnwork_negtest2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Before you went back to work, were you required to have negative COVID-19 testing? *fu3014*	radio, Required

			1	Yes - I needed to have one negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test
			2	Yes - I needed to have two or more negative nasal, nasopharyngeal, or oral (nose, throat, or saliva) test
			3	No - I was able to return to work after a certain time from my COVID-19 test passed
			4	No - I was able to return to work as soon as my symptoms resolved

Custom alignment: LV

288	missedworkn2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Approximately how many previously scheduled work days did you miss for this episode of illness. For example, if you were off work for 7 calendar days but were only scheduled to work 3 of those days, please answer "3". *fu4671*	text, Required Custom alignment: LV

289	returnwork_addprec2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	Did you take any additional precautions when you returned to work (that you would not have used previously)? [select all that apply] If your precautions did not change, please answer NO. *fu3405*	checkbox, Required

checkbox, Required

1	returnwork_addprec2___1	Yes - I wore more personal protective equipment when I returned to work
2	returnwork_addprec2___2	Yes - I did not work in shared workspaces
3	returnwork_addprec2___3	Yes - I worked a different schedule when I returned to work
4	returnwork_addprec2___4	Yes - I took care of different types of patients when I returned to work
5	returnwork_addprec2___5	No - I used the same procedures and precautions as before

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "5"

290	universal_often2 Show the field ONLY if: [followup_arm_1][returnwork_2] = "1"	How often did you practice universal masking at work (e.g., wearing a mask for your entire shift in the hospital [excluding eating and drinking]) after recovering from your recent illness? *fu1675*	radio, Required

1	All the time
2	Most of the time
3	Sometimes
4	Rarely or never

Custom alignment: LV

291	dr_pcp	Section Header: *Your Vaccination Please rate the following sources of information on how much they influenced your decision about whether or not to get the COVID-19 vaccine.* My doctor or primary care provider*fu1657*	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

292	employ	My employer (e.g., hospital leadership, human resources)*fu1356*	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

293	famfriends	Family and friends*fu1287*	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

294	coworkers	Co-workers*fu2136*	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

295	govtleaders	Local, state and national leaders*fu2879*	radio (Matrix), Required

0	Not at all influenced
1	Slightly influenced
2	Moderately influenced
3	Strongly influenced

296	literature	Primary medical literature (e.g., peer-reviewed medical journals)fu1087	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
297	massmedia	Mass media (television, newspapers)fu3157	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
298	socialmedia	Social media (Facebook, Instagram, Twitter)fu1657	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
299	other_source	Other {vaccsource_oth}fu3225	radio (Matrix), Required
			0 Not at all influenced
			1 Slightly influenced
			2 Moderately influenced
			3 Strongly influenced
300	vaccsource_oth Show the field ONLY if: [followup_arm_1][other_sourc e] <> "0"	What? *fu4263*	text
301	employrec	Section Header: *To what extent were the following considerations important to you in your decision making regarding whether or not to get the COVID-19 vaccine?* My employer's recommendation fu1795	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
302	employincentive	Special incentive or reward offered by my employerfu1524	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
303	pcprec	My doctor or healthcare provider's recommendationfu1322	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
304	safety	The safety of the vaccinefu1857	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
305	effectiveness	The effectiveness of the vaccinefu3785	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important

306	adeffects	Risk of adverse (negative) side effects from the vaccinefu1578	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
307	nocovid	Concern about getting coronavirus myselffu2322	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
308	protectfam	Concerns about spreading the coronavirus to friends and family fu1634	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
309	workplace	Concerns about spreading coronavirus in the workplace (e.g., coworkers, patients)fu3245	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
310	friendsfam	Choices made by my friends and family about vaccinationfu2153	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
311	colleagues2	Choices made by my colleagues at work regarding vaccinationfu1198	radio (Matrix), Required
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
312	vacc_oth	Other, please specify {covidvacc_considoth}fu1855	radio (Matrix)
			0 Not important or not applicable
			1 A little important
			2 Important
			3 Very important
313	covidvacc_considoth Show the field ONLY if: [followup_arm_1][vacc_oth] <> "0" and [followup_arm_1][vacc _oth] <> ""	Why? *fu3854*	text
314	avail	Section Header: *Please rate the extent to which the following factors impacted your decision regarding whether or not to get the COVID-19 vaccine.* Availability of the COVID-19 vaccineefu3214	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted

315	cost	Cost of the COVID-19 vaccinefu2179	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted
316	inconven	Inconvenience of getting the COVID-19 vaccinefu3254	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted
317	dis_needles	Dislike of needles or receiving "shots"fu3456	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted
318	religious	Religious or other personal beliefs that oppose vaccination in generalfu1665	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted
319	preexist	A pre-existing medical condition that may increase my risks from vaccination (e.g., allergy, immune condition)fu2335	radio (Matrix), Required
			0 Not applicable
			1 Not at all impacted
			2 Slightly impacted
			3 Moderately impacted
			4 Significantly impacted
320	impact_oth	Were there other important considerations that influenced your decision making regarding the COVID-19 vaccine beyond those listed above? *fu5432*	yesno, Required
			1 Yes
			0 No
			Custom alignment: LV
321	impact_othspec Show the field ONLY if: [followup_arm_1][impact_oth] = "1"	What other considerations influenced your decision making? *fu3203*	text Custom alignment: LV
322	rcv_covidvacc_safe	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was safe? *fu1038*	radio, Required
			1 I thought it was very safe
			2 I thought it was safe
			3 I was undecided
			4 I thought it was unsafe
			5 I thought it was very unsafe
			Custom alignment: LV

323	rcv_covidvacc_safenow	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1469*	radio, Required 1 | I think it is very safe 2 | I think it is safe 3 | I am undecided 4 | I think it is unsafe 5 | I think it is very unsafe Custom alignment: LV
324	rcv_covidvacc_eff	At the time you received your first dose of the COVID-19 vaccine, to what extent did you think the COVID-19 vaccine was effective? *fu2690*	radio, Required 1 | I thought it was very effective 2 | I thought it was effective 3 | I was undecided 4 | I thought it was ineffective 5 | I thought it was very ineffective Custom alignment: LV
325	rcv_covidvacc_effnow	Now, to what extent did you think the COVID-19 vaccine is effective? *fu3764*	radio, Required 1 | I think it is very effective 2 | I think it is effective 3 | I am undecided 4 | I think it is ineffective 5 | I think it is very ineffective Custom alignment: LV
326	no_covidvacc_safe Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was safe? *fu1785*	radio, Required 1 | I thought it was very safe 2 | I thought it was safe 3 | I was undecided 4 | I thought it was unsafe 5 | I thought it was very unsafe Custom alignment: LV
327	no_covidvacc_safenow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is safe? *fu1956*	radio, Required 1 | I think it is very safe 2 | I think it is safe 3 | I am undecided 4 | I think it is unsafe 5 | I think it is very unsafe Custom alignment: LV
328	no_covidvacc_eff Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	At the time you first heard that COVID-19 vaccine was available, to what extent did you think the COVID-19 vaccine was effective? *fu2561*	radio, Required 1 | I thought it was very effective 2 | I thought it was effective 3 | I was undecided 4 | I thought it was ineffective 5 | I thought it was very ineffective Custom alignment: LV

329	no_covidvacc_effnow Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Now, to what extent did you think the COVID-19 vaccine is effective? *fu1721*	radio, Required 1 | I think it is very effective 2 | I think it is effective 3 | I am undecided 4 | I think it is ineffective 5 | I think it is very ineffective Custom alignment: LV
330	no_covidvacc_plans Show the field ONLY if: [followup_arm_1][rcv_covidvacc] = "0"	Which of the following statements describes your current plans regarding the COVID-19 vaccine? [choose one] *fu1141*	radio, Required 1 | I intend to get it as soon as possible. 2 | I intend to wait to see how it affects others in the community before I get it 3 | I do not intend on getting it soon, but might sometime in the future 4 | I do not intend to ever get the vaccine Custom alignment: LV
331	personalrisk	I believe my personal risk of acquiring COVID-19 is: *fu2893*	radio, Required 1 | Very high 2 | High 3 | Average 4 | Low 5 | Very low Custom alignment: LV
332	medcondition	I have a medical condition or age that places me at high risk of a bad outcome if I become ill with COVID-19. *fu3383*	yesno, Required 1 | Yes 0 | No Custom alignment: LV
333	limitedqc	Section Header: *To what extent do you agree with the following statements:* There has been limited quality control in the development of the COVID-19 vaccine due to the rapid timeline for developmentfu3984	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree
334	mildsx	Symptoms of COVID-19 are typically mild and thus vaccination is not important to mefu2259	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree
335	physimmun	Physiological immunity after having COVID-19 illness is better than getting the vaccinefu1657	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree
336	pubhlth_trust	The information I receive about vaccines from public health authorities is trustworthyfu4587	radio (Matrix), Required 1 | Strongly disagree 2 | Disagree 3 | Agree 4 | Strongly agree

337	fluvaccn	Of the previous 5 years (not including this year, 2015-2019), approximately how many years have you received the influenza vaccine? [choose one, estimates are okay] *fu4204*	radio, Required 0 0 1 1 2 2 3 3 4 4 5 5 Custom alignment: LV
338	fluvacc_barrier	What is the biggest barrier to your receiving the annual influenza vaccine? *fu4904*	radio, Required 1 Cost 2 Convenience 3 Safety risks 4 Limited effectiveness 5 Dislike of receiving injections 6 There is a reason I've been told not to have the vaccine because of my medical problems (e.g., allergy, immune condition) 7 Other, please specify {fluvacc_barrierspec} 8 There are no significant barriers for me to receive the influenza vaccine Custom alignment: LV
339	fluvacc_barrierspec Show the field ONLY if: [followup_arm_1][fluvacc_barrier] = "7"	Why? *fu1403*	text
340	children	Do you have children (even if they do not live with you)? *fu4603*	yesno, Required 1 Yes 0 No Custom alignment: LV
341	vacc_child Show the field ONLY if: [children] = "1"	Did your child(ren) receive all childhood vaccinations according to the Centers for Disease Control (CDC) vaccine schedule (recommended by most pediatricians)? *fu2004*	radio, Required 1 Yes 0 No 2 My child(ren) received childhood vaccines, but not according to the standard vaccine schedule 3 I don't remember 4 I am/was not responsible for making my child(ren)'s health care decisions Custom alignment: LV
342	famdx_covid	Have you had any close friends or family members who have been diagnosed with COVID-19? *fu2723*	yesno, Required 1 Yes 0 No Custom alignment: LV
343	famdeath_covid Show the field ONLY if: [followup_arm_1][famdx_covid] = "1"	Have you had any close friends or family members who have died from COVID-19? *fu3023*	yesno, Required 1 Yes 0 No Custom alignment: LV

344	covid_affectlife	To what extent would you say that COVID-19 has affected your life? Effects may include impact on your health, job, family, finances, community, or any other aspect of your life. *fu4093*	radio, Required 1 Very large effect 2 Large effect 3 Small effect 4 Very small effect 5 No effect Custom alignment: LV
345	covidvacc_public	When COVID-19 vaccination is available to the general public, to what extent will you recommend that your patients or family members are vaccinated for COVID-19? *fu1574*	radio, Required 1 Strongly recommend that they receive the COVID-19 vaccine 2 Recommend that they receive the COVID-19 vaccine 3 Recommend that they NOT receive the COVID-19 vaccine 4 Strongly recommend that they NOT receive the COVID-19 vaccine 5 Recommend that they get vaccinated only if they have high risk factors for COVID-19 infection (otherwise I would not recommend vaccination) 6 I don't advise my patients, friends, or family members about vaccination Custom alignment: LV
346	after_lessppe	Section Header: *In this section, we want to understand how receiving the COVID-19 vaccine changed the ways in which you lived your life.To what extent do you AGREE with the following statements:* After receiving the COVID-19 vaccine, I use less personal protective equipment in my job.fu1589	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
347	after_lessunivmask	After receiving the COVID-19 vaccine, I am less likely to practice universal masking (wearing a mask all day at work regardless of my exposures) than before being vaccinated.fu2344	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
348	after_lesspubmask	After receiving the COVID-19 vaccine, I am less likely to wear a mask in public.fu3258	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
349	after_morepubtrans	After receiving the COVID-19 vaccine, I am more likely to use public transportation or ride sharing (carpool, Uber, Lyft) transportation.fu2954	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable

350	after_morelggroups	After receiving the COVID-19 vaccine, I am more likely to be in locations with large groups of people.fu1833	radio (Matrix), Required
			1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
351	after_morerestaurant	After receiving the COVID-19 vaccine, I am more likely to eat inside in a restaurant.fu2134	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
352	after_moretravel	After receiving the COVID-19 vaccine, I am more likely to travel for vacation to another city.fu2312	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
353	after_moreflights	After receiving the COVID-19 vaccine, I am more likely to take a flight on an airplane.fu1465	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
354	after_moreindoorrec	After receiving the COVID-19 vaccine, I am more likely to go to a gym or participate in indoor recreation.fu1921	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
355	after_saferatwork	After receiving the COVID-19 vaccine, I am safer in my job.fu3116	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
356	after_familysafter	After receiving the COVID-19 vaccine, my family is safer.fu3366	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
357	after_familyfeelssafer	After receiving the COVID-19 vaccine, my family feels safer.fu1819	radio (Matrix), Required 1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable

358	after_volunteer	After receiving the COVID-19 vaccine, I volunteer to care for more COVID-19 patients or for higher risk patients.fu2777	radio (Matrix), Required
			1 Strongly disagree 2 Disagree 3 Agree 4 Strongly agree 0 Not applicable
359	workchange	My employer changed my work assignments after I was vaccinated for COVID-19. [select all that apply] *fu2349*	checkbox, Required
			1 workchange___1 Yes - I have been assigned to responsibilities where I am more likely to be in close contact with COVID-19 patients. 2 workchange___2 Yes - My schedule has changed (e.g., work hours or days I work) 3 workchange___3 Yes - Something else has changed about my work assignments 0 workchange___0 No Custom alignment: LV Field Annotation: @NONEOFTHEABOVE = "0"
360	fatigue	Section Header: *Now, it is approximately 6 weeks after your first symptoms. We want to understand which of the following symptoms you are STILL having. If it has been more than 6 weeks since your symptoms, try to answer about symptoms that you were having 6 weeks after your first symptoms started. You may have some of these symptoms whether you had COVID-19 or not.* Fatiguefu2654	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
361	cough	Coughfu2985	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
362	sob	Shortness of breathfu1142	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
363	congest	Sinus congestionfu4365	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
364	chestpain	Chest painfu2667	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms
365	headache	Headachefu3289	radio (Matrix), Required
			0 No symptoms 1 Mild symptoms 2 Moderate symptoms 3 Severe symptoms

366	dizziness	Dizzinessfu1658	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
367	jointpain	Persistent joint pains or muscle achesfu2478	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
368	musc_weak	Muscle weaknessfu1564	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
369	mvemnt_prob	Movement problems (such as tremor)fu1125	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
370	sore_throat	Sore throatfu1365	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
371	losstaste_smell	Loss of taste or smellfu3259	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
372	diarrhea	Diarrheafu4658	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
373	nausea	Nauseafu1779	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
374	vomiting	Vomitingfu3654	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

375	abd_pain	Abdominal painfu1554	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
376	confusion	Confusionfu1988	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
377	mem_diff	Difficulty with memoryfu1965	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
378	concen_diff	Difficulty with concentration or attentionfu1789	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
379	fever	Feverfu2347	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
380	chills	Chillsfu5423	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
381	wtloss	Weight lossfu4426	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
382	wtgain	Weight gainfu3745	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms
383	exer_diff	Difficulty with exercisefu3569	radio (Matrix), Required
			0 No symptoms
			1 Mild symptoms
			2 Moderate symptoms
			3 Severe symptoms

384	sleep_diff	Trouble sleepingfu3324	radio (Matrix), Required

0	No symptoms
1	Mild symptoms
2	Moderate symptoms
3	Severe symptoms

385	anxpanic	Anxiety or panicfu2786	radio (Matrix), Required

0	No symptoms
1	Mild symptoms
2	Moderate symptoms
3	Severe symptoms

386	dep	Depressionfu2465	radio (Matrix), Required

0	No symptoms
1	Mild symptoms
2	Moderate symptoms
3	Severe symptoms

387	complications	At any point during your recent illness, which of the following complications were you told that you experienced by a healthcare provider? [select all that apply] *fu1577*	checkbox, Required

1	complications___1	Blood clots in my legs, arms, or my lungs (deep venous thrombosis, pulmonary embolism)
2	complications___2	Heart attack (myocardial infarction)
3	complications___3	Ischemic stroke (a stroke with no bleeding in the brain)
4	complications___4	Hemorrhagic stroke (a stroke with bleeding in the brain)
5	complications___5	Multisystem inflammatory syndrome (MIS-A)
6	complications___6	Transient ischemic attack (temporary problem with blood flow to my brain that resolved completely)
7	complications___7	Seizure
8	complications___8	New heart failure
9	complications___9	None of the above

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "9"

388	recovered	How much do you feel you have recovered, relative to the worst symptoms of this illness? *fu4908*	radio, Required

0	0% (I am as sick as I have ever been)
1	20%
2	40%
3	60%
4	80%
5	100% (I am fully recovered - back to normal)

Custom alignment: LV

389	anx2wk	In the last 2 weeks, how often have you been bothered by feeling nervous, anxious, or on edge? *fu3319*	radio, Required

0	Not at all
1	Several days
2	More than half of the days
3	Nearly every day

Custom alignment: LV

390	worry2wk	In the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? *fu4982*	radio, Required

radio, Required

0	Not at all
1	Several days
2	More than half of the days
3	Nearly every day

Custom alignment: LV

391	interest2wk	In the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things? *fu3664*	radio, Required

0	Not at all
1	Several days
2	More than half of the days
3	Nearly every day

Custom alignment: LV

392	dep2wk	In the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? *fu4250*	radio, Required

0	Not at all
1	Several days
2	More than half of the days
3	Nearly every day

Custom alignment: LV

393	followup_final_survey_particip ant_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: **Healthcare Utilization/Verification** (healthcare_utilizationverification)   🗗 Enabled as survey   ⌃ Collapse

394	huv_shazam	huv shazam for javascript	descriptive Field Annotation: @HIDDEN
395	visittype	Section Header: *Please report all health care visits in the period from [screening_arm_1][start_index] to [screening_arm_1][end_index]. Complete one form per health care visit. Do NOT report health care visits for mental health.* Please indicate which type of visit you are reporting. *hu1744*	radio, Required

1	Emergency department
2	Urgent care/walk-in clinic
3	Primary care clinic or another healthcare provider
4	Hospital admission

Custom alignment: LV

396	hlthcare_visitdate Show the field ONLY if: [visittype] = '1' or [visittype] = '2' or [visittype] = '3'	On what date (approximately) did you have this visit? *hu3413*	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
397	visit_date_warn_1 Show the field ONLY if: ((([baseline_arm_1][hlthcare_vi sitdate]<>"" and [screening_ar m_1][indexdt]<>"" and (datedi ff([screening_arm_1][indexdt], [baseline_arm_1][hlthcare_visi tdate], "d", "mdy", true)<0))) or ([baseline_arm_1][hlthcare_vis itdate]<>"" and [screening_ar m_1][end_index]<>"" and (dat ediff([screening_arm_1][end_i ndex], [baseline_arm_1][hlthca re_visitdate], "d", "mdy", true)> 0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive

398	illness_related hu2824	Was this visit related to your illness?	yesno, Required 1 Yes 0 No Custom alignment: LV
399	hospadmdate Show the field ONLY if: [visittype] = "4"	On what date (approximately) did you have this visit? hu3105	text (date_mdy, Min: 2020-09-01), Required Field Annotation: @NOTFUTURE @HIDEBUTTON
400	visit_date_warn_2 Show the field ONLY if: ((([baseline_arm_1][hospadmd ate]<>"" and [screening_arm_ 1][indexdt]<>"" and (datediff ([screening_arm_1][indexdt], [baseline_arm_1][hospadmdat e], "d", "mdy", true)<0))) or ([ba seline_arm_1][hospadmdate]< >"" and [screening_arm_1][en d_index]<>"" and (datediff([scr eening_arm_1][end_index], [b aseline_arm_1][hospadmdat e], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
401	supplo2 Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, did you need supplemental oxygen (oxygen thorugh a tube in your nose [nasal cannula] or using an oxygen mask)? hu3226	yesno, Required 1 Yes 0 No Custom alignment: LV
402	icucare Show the field ONLY if: [visittype] = "4"	At any point during your hospital stay, were you admitted to an intensive care unit (ICU)? hu2991	yesno, Required 1 Yes 0 No Custom alignment: LV
403	ventilator Show the field ONLY if: [icucare] = "1"	During your stay in the ICU, were you ever intubated or placed on a ventilator to help you breathe (put to sleep and had a breathing tube put down your throat)? hu3536	yesno, Required 1 Yes 0 No Custom alignment: LV
404	newvisit	Do you have another health care visit to report? hu4179	yesno, Required 1 Yes 0 No Custom alignment: LV
405	hc_site	Site Verification Form mv2274	descriptive, Required Field Annotation: @HIDDEN-SURVEY
406	mrverify_who	Who is completing this form? mv2274	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
407	medrecupload	Please upload a copy of corresponding medical records. You may only upload one file per form. This may be uploaded as a photo or PDF. mv4473	file Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
408	admitdt	Encounter date (Admission date for hospital admissions or visit date for outpatient visits) mv2012_eipmed17b	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY

409	visit_date_warn_3 Show the field ONLY if: ((([baseline_arm_1][admitdt]< >"" and [screening_arm_1][ind exdt]<>"" and (datediff([screen ing_arm_1][indexdt], [baseline _arm_1][admitdt], "d", "mdy", t rue)<0))) or ([baseline_arm_1] [admitdt]<>"" and [screening_ arm_1][end_index]<>"" and (d atediff([screening_arm_1][end _index], [baseline_arm_1][adm itdt], "d", "mdy", true)>0))	This visit date occurs outside of the date range of [screening_arm_1][start_index] to [screening_arm_1][end_index]. Please revise this visit date.	descriptive
410	needs_verified	Does the health care visit reported by the participant meets requirements for an encounter that needs to be verified? *mv7486*	yesno | 1	Yes
0	No	 Field Annotation: @HIDDEN-SURVEY
411	admitdt_ver Show the field ONLY if: [needs_verified]='1'	Was this visit able to be verified? *mv3859*	radio, Required | 1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

412	medhx_ver Show the field ONLY if: [needs_verified]='1'	Does the record include any documentation of the following medical history? [check all that apply] *mv1871_eip37*	checkbox, Required

1	medhx_ver___1	Asthma
2	medhx_ver___2	Allergic rhinitis
3	medhx_ver___3	COPD/Emphysema
4	medhx_ver___4	Other chronic lung disease
5	medhx_ver___5	Hypertension (high blood pressure)
6	medhx_ver___6	Coronary artery disease
7	medhx_ver___7	Other heart condition (e.g., valve abnormality, history of non-coronary heart surgery, pacemaker)
8	medhx_ver___8	Stroke
9	medhx_ver___9	Diabetes mellitus, type I
10	medhx_ver___10	Diabetes mellitus, type II
27	medhx_ver___27	Diabetes mellitus, unspecified type
11	medhx_ver___11	Chronic kidney disease
12	medhx_ver___12	Dialysis
13	medhx_ver___13	Solid organ transplant (kidney, liver, lungs, heart)
14	medhx_ver___14	Hematopoietic stem cell transplant
15	medhx_ver___15	Autoimmune or rheumatologic disease
26	medhx_ver___26	Other immunosuppressing condition
16	medhx_ver___16	Active cancer
17	medhx_ver___17	Deep vein thrombosis or pulmonary embolism
18	medhx_ver___18	Chronic liver disease
19	medhx_ver___19	Depression or other mood disorder
20	medhx_ver___20	Anxiety, obsessive compulsive and trauma and stressor related disorders
21	medhx_ver___21	Cognitive and/or motor disorders
22	medhx_ver___22	Movement or motor disorders
28	medhx_ver___28	Alcohol use disorder
29	medhx_ver___29	Sleep disorders
23	medhx_ver___23	Other medical conditions
24	medhx_ver___24	None of these

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "24"
@HIDDEN-SURVEY

413	docfever Show the field ONLY if: [needs_verified]='1'	Was there any evidence of documented fever at any point during this visit (temperature greater than 100.0°F or 37.8°C)? *mv1368*	yesno, Required

1	Yes
0	No

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

414	highestfever Show the field ONLY if: [needs_verified]='1' AND [docf ever]='1'	What was the highest documented fever? Record the temperature in Celcius. *mv4377*	text (number, Min: 32, Max: 45), Required Field Annotation: @HIDDEN-SURVEY
415	discdt1 Show the field ONLY if: [needs_verified]='1'	Discharge date (or date of death for non-survivors) *mv4377_eipmed17c*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
416	transfer Show the field ONLY if: [needs_verified]='1'	Was this participant transferred FROM another hospital ? If so, please complete second form for the other hospital once this form is complete. *mv1447_eipmed17d*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
417	admitdt2 Show the field ONLY if: [needs_verified]='1' and [trans fer]='1'	Transfer hospital admission date *mv2819_eipmed17f*	text (date_mdy), Required Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
418	icu Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Was the participant admitted to the ICU during this admission? *mv1618_eipmed18*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
419	admitdt3 Show the field ONLY if: [icu] = "1" and [needs_verified] ='1'	What was the date the participant was first admitted to the ICU? If the participant had multiple ICU visits during this hospital stay, please only report the dates for the first ICU stay. *mv4380_eipmed18a*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
420	discdt3 Show the field ONLY if: [icu]='1' and [needs_verified] ='1'	What was the date the participant was first discharged from the ICU? If the participant had multiple ICU visits during this hospital stay, please only report the dates for the first ICU stay. *mv3582_eipmed18b*	text (date_mdy), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
421	desc_sysill Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Did the participant have any of the following clinical signs of severe systemic illness during the first 24 hours of hospitalization? Respiratory rate ≥ 30 breaths per minute {resprate} Heart rate ≥ 125 beats per minute {hrtrate} Oxygen saturation ≤ 93% on room at at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) {sp02}	descriptive Field Annotation: @HIDDEN-SURVEY
422	resprate Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Respiratory rate ≥ 30 breaths per minute *mv1874_eipmed19a*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
423	hrtrate Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Heart rate ≥ 125 beats per minute *mv1874_eipmed19b*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
424	sp02 Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Oxygen saturation ≤ 93% on room at at sea level (or requiring supplemental oxygen to maintain oxygen saturation >93%) *mv1874_eipmed19c*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

425	desc_respfail Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Did the participant have evidence of respiratory failure (based on clinical signs or clinician diagnosis)? New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) {pap} High flow nasal cannula (Vapotherm, Optiflow) {hfnc} Intubation and mechanical ventilation {iv} Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) {ecmo}	descriptive Field Annotation: @HIDDEN-SURVEY
426	pap Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	New BiPap or CPAP use (do not include night-time CPAP that was prescribed at home for non-COVID indications) *mv2784_eipmed20a*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
427	hfnc Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	High flow nasal cannula (Vapotherm, Optiflow) *mv2784_eipmed20b*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
428	iv Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Intubation and mechanical ventilation *mv2784_eipmed20c*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
429	ecmo Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Extracorporeal life support (ECLS) / Extracorporeal membrane oxygenation (ECMO) *mv2784_eipmed20d*	radio 1 Yes 0 No 2 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
430	vaso Show the field ONLY if: [visittype] ='4' and [needs_veri fied]='1'	Was the participant treated with a continuous infusion of vasopressor therapy (dobutamine, dopamine, epinephrine, milrinone, phenylephrine, norepinephrine, vasopressin) during this hospital stay? *mv3787_eipmed21*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

431	neurodys Show the field ONLY if: [visittype] ='4' and [needs_verified]='1'	Which (if any) diagnoses of acute neurologic dysfunction based on clinician diagnosis did the participant develop during this hospitalization? [select all that apply] *mv2871_eipmed22*	checkbox, Required

			1	neurodys___1	Viral meningitis
			2	neurodys___2	Viral encephalitis
			3	neurodys___3	Acute disseminated encephalomyelitis (ADEM)
			4	neurodys___4	Intracerebral hemorrhage (hemorrhagic stroke)
			5	neurodys___5	Cerebral infarction (ischemic stroke)
			6	neurodys___6	Guillain-Barre syndrome
			7	neurodys___7	Transverse myelitis
			8	neurodys___8	Ataxia
			9	neurodys___9	Peripheral neuropathy
			10	neurodys___10	None of these

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "10"
@HIDDEN-SURVEY

432	outcome Show the field ONLY if: [visittype] ='4' and [needs_verified]='1'	What was the outcome of hospitalization? *mv2757_eipmed23*	radio, Required 1 Alive 2 Died Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
433	radiog Show the field ONLY if: [needs_verified]='1'	Did the participant have a chest x-ray, chest CT, or chest MRI performed during this visit? *mv2247_eipmed30*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
434	radiog_abnorm Show the field ONLY if: [radiog] = "1" and [needs_verified]='1'	Was the result of the above test "normal"? *mv1355_eipmed30a*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

435	radiog_report Show the field ONLY if: [radiog_abnorm] = "0" and [needs_verified]='1'	Which of the following abnormalities were noted? [check all that apply] *mv3520_eipmed30b*	checkbox, Required		
			1	radiog_report___1	Airspace density
			2	radiog_report___2	Airspace opacity/opacification
			3	radiog_report___3	Bronchopneumonia/pneumonia
			4	radiog_report___4	Consolidation
			5	radiog_report___5	Cavitations
			6	radiog_report___6	Empyema
			7	radiog_report___7	Enlarged epiglottis
			8	radiog_report___8	Ground glass opacities
			9	radiog_report___9	Interstitial infiltrate
			17	radiog_report___17	Lobar infiltrate
			18	radiog_report___18	Pleural effusion
			19	radiog_report___19	Pneumomediastinum
			20	radiog_report___20	Pneumothorax
			21	radiog_report___21	Pulmonary embolism
			22	radiog_report___22	Tracheal narrowing
			23	radiog_report___23	Widened mediastinum
			Custom alignment: LV Field Annotation: @HIDDEN-SURVEY		
436	dischdiag Show the field ONLY if: [needs_verified]='1'	Did the participant have any of the following new diagnoses during hospitalization or at discharge? [select all that apply] *mv2752_eipmed31*	checkbox, Required		
			1	dischdiag___1	Acute encephalopathy/encephalitis
			2	dischdiag___2	Acute liver failure
			3	dischdiag___3	Acute renal failure/acute kidney injury/new hemodialysis
			4	dischdiag___4	Acute respiratory distress syndrome (ARDS)
			5	dischdiag___5	Acute respiratory failure
			6	dischdiag___6	Ataxia
			7	dischdiag___7	Guillan-Barre syndrome
			8	dischdiag___8	Intracerebral hemorrhage/hemorrhagic stroke
			9	dischdiag___9	Multisystem inflammatory syndrome in adults (MIS-A)
			10	dischdiag___10	Myocarditis
			17	dischdiag___17	Peripheral neuropathy
			18	dischdiag___18	Ischemic stroke / cerebrovascular accident (CVA) / cerebral infarction
			19	dischdiag___19	Seizures
			20	dischdiag___20	Severe systemic illness due to COVID-19
			21	dischdiag___21	Transverse myelitis
			22	dischdiag___22	Viral meningitis
			23	dischdiag___23	Viral encephalitis
			0	dischdiag___0	None
			Custom alignment: LV Field Annotation: @HIDDEN-SURVEY @NONEOFTHEABOVE='0'		

437	healthcare_utilizationverification_complete	Section Header: *Form Status* Complete?	dropdown 	0	Incomplete
1	Unverified
2	Complete	

Instrument: Medical Record Requests (medical_record_requests)   🔲 Enabled as survey   ⌃ Collapse

| 438 | hlthcarefac | Section Header: *Complete one form per health care provider/facility that you have seen in the period from [screening_arm_1][start_index] to [screening_arm_1][end_index]. This information will be used to send you a medical records release form to sign.*

Name of health care provider or facility
mr3942 | text, Required, Identifier |

439	hlthcaretype	Please indicate which health care visit(s) and/or testing was completed at this health care facility [check all that apply] *mr3489*	checkbox, Required 	1	hlthcaretype___1	COVID-19 test
5	hlthcaretype___5	COVID-19 vaccine
2	hlthcaretype___2	Influenza vaccine
3	hlthcaretype___3	Other respiratory testing (virus or bacteria)
4	hlthcaretype___4	Urine testing
6	hlthcaretype___6	Urgent care/walk-in visit
7	hlthcaretype___7	Primary care provider or another health care provider visit
8	hlthcaretype___8	Hospital admission
9	hlthcaretype___9	Emergency department visit	 Custom alignment: LV

| 440 | hlthcarecity | In what city is this facility located?
mr1132 | text, Required |

441	htlhcarestate	State *mr4364*	dropdown, Required 	AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota	

		MS	Mississippi
		MO	Missouri
		MT	Montana
		NE	Nebraska
		NV	Nevada
		NH	New Hampshire
		NJ	New Jersey
		NM	New Mexico
		NY	New York
		NC	North Carolina
		ND	North Dakota
		OH	Ohio
		OK	Oklahoma
		OR	Oregon
		PA	Pennsylvania
		RI	Rhode Island
		SC	South Carolina
		SD	South Dakota
		TN	Tennessee
		TX	Texas
		UT	Utah
		VT	Vermont
		VA	Virginia
		WA	Washington
		WV	West Virginia
		WI	Wisconsin
		WY	Wyoming

442	newhlthcarefac	Do you have another health care facility to provide information for? *mr3928*	yesno, Required 1 Yes 0 No Custom alignment: LV
443	mrr_shazam	mrr shazam for javascript	descriptive Field Annotation: @HIDDEN
444	medical_record_requests_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: Monthly Check-in For Clinical Trial Participants (monthly_checkin_for_clinical_trial_participants)   🔲 Enabled as survey

                                                         ∧ Collapse

445	clintrial_allocrcv	You told us during a prior survey that you had been enrolled in a vaccine trial, but you didn't know whether you had gotten the vaccine yet. Have you received your clinical trial allocation (whether your got the vaccine or not) yet? *ct2159*	yesno, Required 1 Yes 0 No Custom alignment: LV
446	clintrial_alloc Show the field ONLY if: [clintrial_allocrcv] = "1"	To which group were you assigned? *ct3936*	radio, Required 1 Active vaccine 2 Placebo (NOT active vaccine) Custom alignment: LV

447	clintrialltr Show the field ONLY if: [clintrial_allocrcv] = "1"	Do you have a letter from the clinical trial with your result (e.g., whether you received vaccine or placebo)? *ct2493*	yesno, Required 1 Yes 0 No Custom alignment: LV
448	clintrialltrcopy Show the field ONLY if: [clintrialltr] = "1"	Can you provide us a copy of the letter? This letter can either be uploaded as a file or photograph. *ct2171*	yesno, Required 1 Yes 0 No Custom alignment: LV
449	clintrialltr_upload Show the field ONLY if: [clintrialltrcopy] = "1"	To upload your COVID-19 clinical trials vaccine records, please use the 'Vaccine Verification Form' to upload these results after you have completed this form. Files can be uploaded as a photograph or pdf. *ct2730*	descriptive, Required
450	sitecontact Show the field ONLY if: [clintrialltrcopy] = "0"	Do we have your permission to contact the coordinator or study physician for your clinical trial? We will ask them to provide us documentation of which group you were assigned to for the trial. *ct1635*	radio, Required 1 Please contact the clinical trial group 2 I will provide documentation myself Custom alignment: LV
451	sitecontact_name Show the field ONLY if: [sitecontact] = "1"	Who should we contact (name)? *ct4549*	text, Required Custom alignment: LV
452	sitecontact_type Show the field ONLY if: [sitecontact] = "1"	What is the best way to reach them? *ct3790*	radio, Required 1 E-mail {sitecontact_email} 2 Phone {sitecontact_phone} 3 Other {sitecontact_oth} Custom alignment: LV
453	sitecontact_oth Show the field ONLY if: [sitecontact_type] = "3"	How? *ct2268*	text
454	sitecontact_email Show the field ONLY if: [sitecontact_type] = "1"	Please enter the e-mail address. *ct2458*	text (email), Required Custom alignment: LV
455	sitecontact_phone Show the field ONLY if: [sitecontact_type] = "2"	Please enter the phone number. *ct2458*	text (phone), Required Custom alignment: LV
456	monthly_checkin_for_clinical_trial_participants_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Testing Verification Form**   (testing_verification_form)   📲 Enabled as survey   ⌃ Collapse

457	survey_text_testing_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Testing Verification","surveyinstructions":"Please use the form below to upload your COVID-19 test results. "},"Español":{"surveytitle":"PREVENT - Verificación de las pruebas","surveyinstructions":"Utilice el siguiente formulario para cargar los resultados de sus pruebas de COVID-19. "}} @HIDDEN

458	testtype	Section Header: *During your recent PREVENT survey, you reported that you have had testing completed. Please use this form to report the type of testing that was completed and upload your documentation of this testing. For COVID-19 tests, we need an official document showing: Your name Date of test Type of test (PCR, antigen, antibody) Result* Which test are you reporting? *tv3695_eip16*	radio, Required 	1	COVID-19 (SARS-CoV-2)
2	Influenza
3	Coronavirus (NOT SARS-CoV-2 - includes HKU1, NL63, 229E, OC43, and no subtype)
4	Other respiratory viral pathogens
5	Other respiratory bacterial pathogens	 Custom alignment: LV
459	testupload	Please upload a copy of the corresponding test record. You may only upload one file per form. This may be uploaded as a photo or PDF. *tv4729*	file, Required Custom alignment: LV
460	newtest	Do you have another test to report? *tv1666*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV
461	test_site_form	Testing site verification form	descriptive Field Annotation: @HIDDEN-SURVEY
462	sc_test_header	This form is used to verify the results of any COVID-19 or other respiratory testing performed between [start_index] to [end_index]. Please request records to confirm each test. If you have a bulk download of testing results from your medical center which are confirmed to be accurate, you may complete this form without other source document verification (as long as you maintain in permanent storage testing source documentation). Patient report alone is insufficient for testing verification, though. Note that if you identify a test during a visit or by a provider that the participant did not report, please report this test. Please complete a different form for each test. *tv1605*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
463	testform_who	Who is completing this form? *tv1605*	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
464	collectiondt	Please enter the date of sample collection. *tv1849_eip16*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
465	verifytest	Can this test be verified? *tv1060*	yesno, Required 	1	Yes
0	No	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
466	covspectype Show the field ONLY if: [testtype] = "1"	Please select specimen type. *tv1839_eip16*	radio 	1	Nose/throat swab
2	Blood
3	Saliva	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
467	covtesttype Show the field ONLY if: [testtype] = "1"	Please select test type. *tv3312_eip16*	radio, Required 	1	PCR
2	Antigen
3	Antibody	 Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
468	covpcrtype Show the field ONLY if:	Please select PCR test type. *tv1294_eip16*	dropdown | 1	1drop Inc.	

[covtesttype] = "1"

2	3B Blackbio Biotech India Ltd., a subsidiary of Kilpest India Ltd.
3	Abbott Diagnostics Scarborough, Inc.
4	Abbott Molecular Inc.
5	Access Bio, Inc.
6	Access Genetics, LLC
7	Acupath Laboratories, Inc.
8	Aeon Global Health
9	Agena Bioscience, Inc.
10	Akron Children's Hospital
11	Alimetrix, Inc.
12	Alpha Genomix Laboratories
13	Altona Diagnostics GmbH
14	Applied BioCode, Inc.
15	Applied DNA Sciences, Inc.
16	Assurance Scientific Laboratories
17	Atila BioSystems, Inc.
18	Avellino Lab USA, Inc.
19	BayCare Laboratories, LLC
20	Becton, Dickinson & Company (BD)
21	Beijing Wantai Biological Pharmacy Enterprise Co., Ltd.
22	BGI Genomics Co. Ltd
23	BillionToOne, Inc.
24	Binx health, Inc.
25	BioCore Co., Ltd.
26	Bioeksen R&D Technologies Ltd.
27	BioFire Defense, LLC
28	BioFire Diagnostics, LLC
29	Biomeme, Inc.
30	BioMérieux SA
31	Bio-Rad Laboratories, Inc
32	BioSewoom, Inc.
33	Boston Heart Diagnostics
34	Boston Medical Center
35	Centers for Disease Control and Prevention (CDC)
36	CENTOGENE US, LLC
37	Cepheid
38	ChromaCode Inc.
39	Clear Labs, Inc.
40	Cleveland Clinic Robert J. Tomsich Pathology and Laboratory Medicine Institute
41	Clinical Enterprise, Inc.
42	Clinical Reference Laboratory, Inc.
43	Clinical Research Sequencing Platform (CRSP), LLC at the Broad Institute of MIT and Harvard
44	Co-Diagnostics, Inc.
45	Color Genomics, Inc.
46	Compass Laboratory Services, LLC
47	Cue Health Inc.

48	Cuur Diagnostics
49	dba SpectronRX
50	Detectachem Inc.
51	DiaCarta, Inc
52	Diagnostic Solutions Laboratory, LLC
53	DiaSorin Molecular LLC
54	DNA Genotek Inc.
55	DxTerity Diagnostics, Inc.
56	Eli Lilly and Company
57	Enzo Life Sciences, Inc.
58	Ethos Laboratories
59	Euroimmun US, Inc.
60	Everlywell, Inc.
61	Exact Sciences Laboratories
62	Express Gene LLC, DBA: Express Gene Molecular Diagnostics Laboratory
63	Fast Track Diagnostics Luxembourg S.á.r.l. (a Siemens Healthineers Company)
64	Fluidigm Corporation
65	Fosun Pharma USA Inc.
66	Fulgent Therapeutics, LLC
67	Gencurix, Inc.
68	Gene By Gene
69	GeneMatrix, Inc.
70	Genetrack Biolabs, Inc.
71	Genetron Health (Beijing) Co., Ltd.
72	GenMark Diagnostics, Inc.
73	GenoSensor, LLC
74	George Washington University Public Health Laboratory
75	GK Pharmaceuticals Contract Manufacturing Operations
76	Gnomegen LLC
77	Gravity Diagnostics, LLC
78	Guardant Health, Inc.
79	HealthQuest Esoterics
80	Helix OpCo LLC (dba Helix)
81	Hologic, Inc.
82	Illumina, Inc.
83	InBios International, Inc
84	Infinity BiologiX LLC
85	Inform Diagnostics, Inc.
86	Ipsum Diagnostics, LLC
87	ISPM Labs, LLC dba Capstone Healthcare
88	Jiangsu Bioperfectus Technologies Co., Ltd.
89	Jiangsu CoWin Biotech Co., Ltd.
90	Kaiser Permanente Mid-Atlantic States
91	KimForest Enterprise Co., Ltd.
92	KogeneBiotech Co., Ltd.
93	KorvaLabs Inc.

94	LabGenomics Co., Ltd.
95	Laboratorio Clinico Toledo
96	Laboratory Corporation of America (LabCorp)
97	LifeHope Labs
98	Lucira Health, Inc.
99	Luminex Corporation
100	Luminex Molecular Diagnostics, Inc.
101	LumiraDx UK Ltd.
102	Maccura Biotechnology (USA) LLC
103	Mammoth Biosciences, Inc.
104	Mesa Biotech Inc.
105	MiraDx
106	National Jewish Health
107	NeuMoDx Molecular, Inc.
108	Omnipathology Solutions Medical Corporation
109	OPTI Medical Systems, Inc.
110	OPTOLANE Technologies, Inc.
111	OSANG Healthcare
112	P23 Labs, LLC.
113	Patients Choice Laboratories, LLC
114	PerkinElmer, Inc.
115	Phosphorus Diagnostics LLC
116	PlexBio Co., Ltd.
117	Poplar Healthcare
118	PreciGenome LLC
119	Primerdesign Ltd.
120	PrivaPath Diagnostics, Inc.
121	Pro-Lab Diagnostics
122	Psomagen, Inc.
123	QDx Pathology Services
124	QIAGEN GmbH
125	Quadrant Biosciences Inc.
126	Quest Diagnostics Infectious Disease, Inc.
127	Quidel Corporation
128	RapidRona, Inc.
129	Rheonix, Inc.
130	Roche Molecular Systems, Inc. (RMS)
131	RTA Laboratories Biological Products Pharmaceutical and Machinery Industry
132	Sandia National Laboratories
133	Sansure BioTech Inc.
134	ScienCell Research Laboratories
135	SD Biosensor, Inc.
136	Seasun Biomaterials, Inc.
137	Seegene, Inc.
138	Sherlock BioSciences, Inc.
139	Solaris Diagnostics
140	SolGent Co., Ltd
141	Spectrum Solutions LLC

		142	Stanford Health Care Clinical Virology Laboratory
		143	T2 Biosystems, Inc.
		144	TBG Biotechnology Corp.
		145	Tempus Labs, Inc.
		146	Texas Department of State Health Services, Laboratory Services Section
		147	The Kroger Co.
		148	The Ohio State University Wexner Medical Center
		149	Thermo Fisher Scientific, Inc.
		150	Tide Laboratories, LLC
		151	TNS Co., Ltd (Bio TNS)
		152	Trax Management Services Inc.
		153	UCSF Health Clinical Laboratories, UCSF Clinical Labs at China Basin
		154	UMass Memorial Medical Center
		155	University of Alabama at Birmingham Fungal Reference Lab
		156	University of California San Diego Health
		157	University of California, Los Angeles (UCLA)
		158	University of Texas MD Anderson Cancer Center, Molecular Diagnostics Laboratory
		159	Vela Operations Singapore Pte Ltd
		160	Verily Life Sciences
		161	Viracor Eurofins Clinical Diagnostics
		162	Visby Medical, Inc.
		163	Wadsworth Center, New York State Department of Public Health's (CDC)
		164	Wren Laboratories LLC
		165	Xiamen Zeesan Biotech Co., Ltd.
		166	Yale School of Public Health, Department of Epidemiology of Microbial Diseases
		167	ZhuHai Sinochips Bioscience Co., Ltd.
		168	Zymo Research Corporation
		169	Other {covpcrtype_oth_v2}
		170	Unknown
	Field Annotation: @HIDDEN-SURVEY		
469	covpcrtype_oth Show the field ONLY if: [covpcrtype] = "169"	Which one? *tv3087*	text Field Annotation: @HIDDEN-SURVEY
470	covantitype Show the field ONLY if: [covtesttype] = "2"	Please select antigen test type. *tv3024_eip16*	radio, Required

covantitype options:

1	BiaxNOW (card)
2	LumiraDx
3	BD Veritor
4	Sofia 2
5	Other {covantitype_oth}

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

471	covantitype_oth_v2 Show the field ONLY if: [covantitype] = "5"	Which one? *tv4785*	text Field Annotation: @HIDDEN-SURVEY

472	covpcrresult_v2 Show the field ONLY if: [testtype] = "1"	What was the test result? *tv4907_eip16*	radio, Required 1 Negative (NO evidence of SARS-CoV-2) 2 Positive (evidence of SARS-CoV-2) 3 Pending 4 Unknown 5 Indeterminate Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
473	flutesttype Show the field ONLY if: [testtype] = "2"	Please select the test type. *tv1917_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
474	flutestresult Show the field ONLY if: [testtype] = "2"	What was the test result? *tv3288_eip29*	radio, Required 1 Negative (NO evidence of influenza) 2 Positive (evidence of influenza) 3 Pending 4 Indeterminate 5 Unknown Custom alignment: LV
475	coronatesttype Show the field ONLY if: [testtype] = "3"	Please select the test type. *tv2333_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
476	coronatestresult Show the field ONLY if: [testtype] = "3"	What was the test result? *tv4064_eip29*	radio, Required 1 Negative (NO evidence of Coronavirus) 2 Positive (evidence of Coronavirus) 3 Pending 4 Indeterminate 5 Unknown Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
477	viraltesttype Show the field ONLY if: [testtype] = "4"	Please select the test type. *tv2582_eip29*	radio, Required 1 PCR 2 Antigen Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

478	viraltestpos Show the field ONLY if: [testtype] = "4"	Please select any of the following that were POSITIVE (meaning there was evidence of infection with these pathogens): [select all that apply] *tv2583_eip29*	checkbox, Required

			1	viraltestpos___1	Adenovirus
			2	viraltestpos___2	Human metapneumovirus
			3	viraltestpos___3	Human rhinovirus/Enterovirus
			4	viraltestpos___4	Parainfluenza
			5	viraltestpos___5	Respiratory Syncytial Virus
			6	viraltestpos___6	Other {viraltestpos_oth}
			0	viraltestpos___0	None of these/All were negative
			7	viraltestpos___7	Results pending
			8	viraltestpos___8	Unknown

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "0"
@HIDDEN-SURVEY

479	viraltestpos_oth Show the field ONLY if: [viraltestpos(6)] = "1"	What? *tv1064*	text Field Annotation: @HIDDEN-SURVEY

480	bacspectype Show the field ONLY if: [testtype] = "5"	Please select the specimen type. *tv4827_eip29*	radio, Required

			1	Nose/throat swab
			2	Blood
			3	Urine

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

481	bactesttype Show the field ONLY if: [testtype] = "5"	Please select the test type. *tv3429_eip29*	radio, Required

			1	PCR
			2	Antigen
			3	Antibody
			4	Culture

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

482	bactestpos Show the field ONLY if: [testtype] = "5"	Please select any of the following that were POSITIVE (meaning there was evidence of infection with these pathogens): [select all that apply] *tv3826_eip29*	checkbox, Required

			1	bactestpos___1	Chlamydophila pneumniae
			2	bactestpos___2	Legionella spp.
			3	bactestpos___3	Mycoplasma pneumoniae
			4	bactestpos___4	Streptococcus pneumoniae
			5	bactestpos___5	Other {bactestpos_oth}
			0	bactestpos___0	None of these/All were negative
			6	bactestpos___6	Results pending
			7	bactestpos___7	Unknown

Custom alignment: LV
Field Annotation: @NONEOFTHEABOVE = "0"
@HIDDEN-SURVEY

483	bactestpos_oth Show the field ONLY if: [bactestpos(5)] = "1"	What? *tv1158*	text Field Annotation: @HIDDEN-SURVEY

484	testing_verification_form_complete	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: **Vaccine Verification Form** (vaccine_verification_form)   🖅 Enabled as survey   ⌃ Collapse

485	survey_text_vaccine_form		descriptive Field Annotation: @p1000surveytext{"English": {"surveytitle":"PREVENT - Vaccine Verification","surveyinstructions":"Please use this form to upload your vaccine records."},"Español": {"surveytitle":"PREVENT - Verificación de las vacunas","surveyinstructions":"Utilice este formulario para cargar sus registros de vacunas."}}
486	vacc_info	Please upload your vaccine information below. If you are uploading the letter from a COVID-19 (SARS-CoV-2) clinical trial, please select 'COVID-19 (SARS-CoV-2)' for the first question whether you were assigned to active vaccine or placebo. For vaccines, we need an official document showing: • Your name • Date administered • Vaccine type (COVID, influenza) • Manufacturer (and lot number, if available)	descriptive
487	vactype *vv4897_eipvaxform*	Which vaccine type are you verifying?	radio, Required 1 COVID-19 (SARS-CoV-2) 2 Influenza Custom alignment: LV
488	vaccupload_verify *vv2257*	Please upload a copy of the corresponding vaccine record. You may only upload one file per form. This may be uploaded as a photo or PDF.	file Custom alignment: LV
489	newvaccine *vv1978*	Do you have another vaccination to report?	yesno, Required 1 Yes 0 No Custom alignment: LV
490	vv_site *vv2490*	Site Vaccination Verification Form	descriptive, Required Field Annotation: @HIDDEN-SURVEY
491	vac_instruc	This form is used to verify the results of any vaccines reported. Please request records to confirm each vaccine, and all other vaccines in the records from health care providers. At a minimum, each individual should have the following sources queried:1. Employee health/occupational health clinic2. Institutional vaccination records3. State vaccine administration system/registry/VAMS4. Any self-identified health care providers, clinics, or hospitals that the participant recalls providing vaccination5. Any self-identified health care providers, clinics, or hospitals that provided care during the study periodWe want to capture all of the following vaccinations:1. COVID-19 vaccinations (all doses)2. Influenza vaccinations (all doses after September 1, 2020)If you have a bulk download of vaccine data from your medical center which are confirmed to be accurate, you may complete this form without other source document verification. Bulk download files must remain in permanent storage . Patient report alone is insufficient for vaccine verification. Please complete a different form for each vaccine dose. *vv2490*	descriptive, Required Field Annotation: @HIDDEN-SURVEY
492	vacform_who *vv2490*	Who is completing this form?	text, Required Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
493	ct_vacc_status Show the field ONLY if: ([baseline_arm_1][clintrial_arm] = "3")	What is this clinical trial participants vaccination status? *vv9999*	radio 1 Vaccine 0 Placebo Field Annotation: @HIDDEN-SURVEY

494	vacdt Show the field ONLY if: [ct_vacc_status]<>"0"	Please enter the date of this vaccination. *vv4979*	text (date_mdy, Min: 2020-09-01), Required Custom alignment: LV Field Annotation: @NOTFUTURE @HIDEBUTTON @HIDDEN-SURVEY
495	vacsource	What was the source of verification? *vv4406*	radio, Required 1 Employer bulk query 2 Employer individual source document (vaccination records) 3 State vaccine administration system/registry/VAMS 4 Non-employer health care provider (medical records) 5 Participant-provided records 6 Vaccine trial record Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
496	verifyvacc	Was this vaccine (or placebo) able to be verified? *vv3772*	yesno, Required 1 Yes 0 No Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
497	vac_covid19_man Show the field ONLY if: [vactype] = "1" AND [ct_vacc_status]<>"0"	What was the manufacturer? *vv3662*	radio, Required 1 AstraZeneca 3 Moderna 4 Pfizer/BioNTech 2 Other {vac_covid19_manoth_v2} Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
498	vac_covid19_manoth Show the field ONLY if: [vac_covid19_man] = "2"	Which one? *vv2613*	text, Required Field Annotation: @HIDDEN-SURVEY
499	vac_covid19_lot Show the field ONLY if: [vactype] = "1" and [ct_vacc_status]<>"0"	What was the lot number? *vv3723*	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
500	vac_flu Show the field ONLY if: [vactype] = "2"	What type of influenza vaccine was given? *vv3818*	radio, Required 1 Trivalent 2 Quadrivalent 3 Other {vac_flu_oth} Custom alignment: LV Field Annotation: @HIDDEN-SURVEY
501	vac_flu_oth Show the field ONLY if: [vac_flu_oth] = "3"	Which one? *vv4229*	text, Required Field Annotation: @HIDDEN-SURVEY

502	vac_flu_man Show the field ONLY if: [vactype] = "2"	What was the manufacturer ? *vv1426*	dropdown, Required

			1	Afluria Quadrivalent (Seqirus)
			2	Fluarix Quadrivalent (GlaxoSmithKline)
			3	FluLaval Quadrivalent (GlaxoSmithKline)
			4	Fluzone Quadrivalent (Sanofi Pasteur)
			5	Flucelvax Quadrivalent (Seqirus)
			6	Fluzone High-Dose Quadrivalent (Sanofi Pasteur)
			7	Fluad Quadrivalent (Seqirus)
			8	Fluad(Seqirus)
			9	Flublok Quadrivalent (Sanofi Pasteur)
			10	FluMist Quadrivalent (AstraZeneca)
			11	Unknown

Custom alignment: LV
Field Annotation: @HIDDEN-SURVEY

503	vac_flu_lot Show the field ONLY if: [vactype] = "2"	What was the lot number? *vv3869*	text Custom alignment: LV Field Annotation: @HIDDEN-SURVEY

504	vaccine_verification_form_co mplete	Section Header: *Form Status* Complete?	dropdown

			0	Incomplete
			1	Unverified
			2	Complete

Instrument: **Verbal consent and LAR Documentation** (verbal_consent_and_lar_documentation)   ^ Collapse

505	verbalconsent	Was the participant able to provide verbal consent and complete an interview? *lar5864*	yesno, Required

			1	Yes
			0	No

Custom alignment: LV

506	larname Show the field ONLY if: [verbalconsent] = "0"	Who provided consent for the participant (name)? *lar4215*	text, Required Custom alignment: LV

507	larcellphone Show the field ONLY if: [verbalconsent] = "0"	In the event further information is needed, please obtain cell phone number. *lar1478*	text (phone), Required Custom alignment: LV

508	larrltshp Show the field ONLY if: [verbalconsent] = "0"	What is the relationship to the participant? *lar3256*	radio, Required

			1	Spouse/Partner
			2	Parent
			3	Sibling
			4	Child

Custom alignment: LV

509	lar_streetaddr	LAR Street Address *lar2546*	text Custom alignment: LV
510	lar_city	LAR City *lar9530*	text Custom alignment: LV
511	lar_state	LAR State *lar6489*	dropdown, Required

			AL	Alabama
			AK	Alaska
			AZ	Arizona
			AR	Arkansas
			CA	California
			CO	Colorado

				CT	Connecticut
				DE	Delaware
				DC	District of Columbia
				FL	Florida
				GA	Georgia
				HI	Hawaii
				ID	Idaho
				IL	Illinois
				IN	Indiana
				IA	Iowa
				KS	Kansas
				KY	Kentucky
				LA	Louisiana
				ME	Maine
				MD	Maryland
				MA	Massachusetts
				MI	Michigan
				MN	Minnesota
				MS	Mississippi
				MO	Missouri
				MT	Montana
				NE	Nebraska
				NV	Nevada
				NH	New Hampshire
				NJ	New Jersey
				NM	New Mexico
				NY	New York
				NC	North Carolina
				ND	North Dakota
				OH	Ohio
				OK	Oklahoma
				OR	Oregon
				PA	Pennsylvania
				RI	Rhode Island
				SC	South Carolina
				SD	South Dakota
				TN	Tennessee
				TX	Texas
				UT	Utah
				VT	Vermont
				VA	Virginia
				WA	Washington
				WV	West Virginia
				WI	Wisconsin
				WY	Wyoming
			Custom alignment: LV		
512	lar_zip	LAR Zipcode *lar7197*	text (zipcode) Custom alignment: LV		

513	larobtain	Name of the individual who obtained consent/conducted the interview. *lar1756*	text, Required Custom alignment: LV
514	verbal_consent_and_lar_documentation_complete	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: Medical Record Release Form (medical_record_release_form)   ∧ Collapse

515	roi_sent_date	Date ROI sent to participant via DocuSign	text (datetime_seconds_mdy)
516	roi_opened_date	DocuSign Open Date *Date the participant first (last?) viewed the documents*	text (datetime_seconds_mdy)
517	roi_finished_date	DocuSign Finished Date *Date the user signed or declined the documents*	text (datetime_seconds_mdy)
518	docusign_last_status	DocuSign Last Status *The most up to date status of the associated docusign envelope*	text
519	docusign_envelope_id	Docusign Envelope ID *Unique identifier in DocuSign that reflects the documents emailed to the participant*	text
520	provider	Provider *mrf1732*	text
521	event_type	Event Type *mrf2751*	text
522	signed_releaseform	Release Form *mrf5321*	file
523	datesigned	Date signed *mrf3364*	text (date_mdy)
524	mr_req_dt	Section Header: *Information below is to be completed by the site* Date Medical Record Requested	text (date_mdy)
525	mr_req_by	Medical Records Requested by	text Field Annotation: @USERNAME
526	mr_rec_dt	Date Medical Record Received	text (date_mdy)
527	medical_record_release_form_complete	Section Header: *Form Status* Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>

Instrument: Project Completion Tracking (project_completion_tracking)   ∧ Collapse

528	pc_table	Section Header: *This form displays survey completion dates as well as expected timeline for each participant. This is a READ-ONLY form except for the survey queue link.* Screening date: {pc_screening_dt} Eligibility status: {pc_eligbility} Consent date: {pc_consent_dtf} Index date Begin Index Period End Index Period Symptoms {pc_index_dt} {pc_index_start} {pc_index_end} Completion date Ideal date Overdue date Baseline {pc_baseline_dt} {pc_ideal_bline_dt} {pc_overdue_bline_dt} Follow-up {pc_flup_comp_dt} {pc_ideal_flup_dt} {pc_overdue_flup_dt}	descriptive
529	survey_queue	Participant survey queue link to share: [survey-queue-url] Open Survey Queue: Survey Queue.	descriptive
530	pc_index_dt	Index date	radio <table><tr><td>1</td><td>[screening_arm_1][indexdt]</td></tr></table> Field Annotation: @READONLY @DEFAULT='1'
531	pc_index_start	Start index period	radio <table><tr><td>1</td><td>[screening_arm_1][start_index]</td></tr></table> Field Annotation: @READONLY @DEFAULT='1'

532	pc_index_end	End index period	radio 1 [screening_arm_1][end_index] Field Annotation: @READONLY @DEFAULT='1'
533	pc_screening_dtf	Screening date:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([screening_arm_1][survey-date-completed:screening_form],0,'d')
534	pc_screening_dt	Screening date	radio 1 [project_tracking_arm_1][pc_screening_dtf] Field Annotation: @READONLY @DEFAULT='1'
535	pc_bline_dtf	baseline date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([baseline_arm_1][survey-date-completed:baseline_enrollment_survey],0,'d')
536	pc_baseline_dt	Baseline completion date	radio 1 [project_tracking_arm_1][pc_bline_dtf] Field Annotation: @READONLY @DEFAULT='1'
537	pc_ideal_bline_dt	Baseline ideal date	radio 1 [screening_arm_1][ideal_baseline_date] Field Annotation: @READONLY @DEFAULT='1'
538	pc_overdue_bline_dt	Baseline overdue date	radio 1 [screening_arm_1][overdue_baseline_date] Field Annotation: @READONLY @DEFAULT='1'
539	pc_flup_dtf	followup date calc:	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([followup_arm_1][survey-date-completed:followup_final_survey_participant],0,'d')
540	pc_flup_comp_dt	Follow-up completion date	radio 1 [project_tracking_arm_1][pc_flup_dtf] Field Annotation: @READONLY @DEFAULT='1'
541	pc_ideal_flup_dt	Follow-up ideal date	radio 1 [screening_arm_1][ideal_flup_date] Field Annotation: @READONLY @DEFAULT='1'
542	pc_overdue_flup_dt	Follow-up overdue date	radio 1 [screening_arm_1][overdue_flup_date] Field Annotation: @READONLY @DEFAULT='1'
543	pc_eligbility	Eligibility status	radio 1 [screening_arm_1][ineligible_reason] Field Annotation: @READONLY @DEFAULT='1'
544	pc_consent_dt	Consent date	text (date_mdy) Field Annotation: @HIDDEN @CALCDATE([baseline_arm_1][survey-date-completed:consent_information],0,'d')
545	pc_consent_dtf	Consent date	radio 1 [project_tracking_arm_1][pc_consent_dt] Field Annotation: @READONLY @DEFAULT='1'

546	pct_screen_date	Screening completed date [screening_arm_1][survey-date-completed:screening_form] @CALCTEXT(if([screening_arm_1][screening_form] = "2", [screening_arm_1][survey-date-completed:screening_form],"")) @CALCDATE([screening_arm_1][survey-date-completed:screening_form],0,'d')	text (date_ymd) Field Annotation: @HIDDEN @CALCTEXT(if([screening_arm_1] [screening_form_complete]="2",[screening_arm_1] [survey-date-completed:screening_form], ""))
547	final_status	Participant final status	checkbox

final_status:
1	final_status___1	Ineligible
2	final_status___2	Withdrawn
3	final_status___3	Lost to follow-up
4	final_status___4	Complete

548	project_completion_tracking_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: **Compensation** (compensation) ⌃Collapse

549	bline_check_date	Date baseline check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
550	flup_check_date	Date follow-up check requested	text (date_mdy, Min: 2020-11-20) Field Annotation: @HIDEBUTTON
551	comp_part_prox	Section Header: *Proxy Interview Compensation* Date participant proxy interview check requested	text (date_mdy)
552	comp_prox	Proxy check requested	text (date_mdy)
553	compensation_complete	Section Header: *Form Status* Complete?	dropdown

0	Incomplete
1	Unverified
2	Complete

Instrument: **Facility Form Weekly** (facility_form_weekly) ⌃Collapse

554	please_complete_this_form	Please complete this form for Sunday-Saturday ..	descriptive
555	begdate	Complete this form for the previous calendar week Sunday-Saturday. Please record the beginning date below (Sunday) *ff1623*	text Custom alignment: LV
556	employee_covtestn	How many employees were tested for COVID-19 in the last week (Sunday-Saturday)? *ff2800*	text, Required Custom alignment: LV
557	employee_covdxn	How many employees tested positive for COVID-19 in the last week (Sunday-Saturday)? *ff4565*	text, Required Custom alignment: LV
558	employee_covvaccn	How many UNIQUE employees have received the first dose of the COVID-19 vaccine in the last week (Sunday-Saturday)? *ff1205*	text, Required Custom alignment: LV
559	recruit	How many employees were recruited (i.e., were listed on your recruitment and screening log) in the last week (Sunday-Saturday)? *ff1342*	text Custom alignment: LV
560	selected	How many employees were selected to participate in the last week (Sunday-Saturday)? *ff3119*	text Custom alignment: LV
561	invited	How many employees were invited to participate in the last week (Sunday-Saturday)? *ff2154*	text Custom alignment: LV

562	facility_form_weekly_complete	Section Header: *Form Status* Complete?	dropdown	
			0	Incomplete
			1	Unverified
			2	Complete